

**APPLICATION FOR ABSENTEE BALLOT
CITY SCHOOL DISTRICT OF THE CITY OF CORNING
Section 2018A - Education Law**

School Election District _____ Reg. Number _____

Application must be received by the District Clerk at least 7 days before the election if the ballot is to be mailed to the voter, or the day before the election, if the ballot is to be delivered personally to the voter.

**RETURN TO DISTRICT CLERK
165 Charles Street, Painted Post, NY 14870**

I, _____ do affirm that I reside at:

(street number, or rural delivery route (if any) post office and zip code)

I am a qualified voter of the City School District of the City of Corning. I will be over eighteen years of age, a citizen of the United States, and have or will have resided in the District for thirty (30) days preceding the 18th day of _____ May, 2021, the date of the election; that I am registered in the District and that I will be unable to appear to vote in person on the day of the School District Election for which the absentee ballot is requested because I am or will be on such day (check and complete the applicable reason in detail).

A. A Patient in a Hospital or Confined to Home due to Illness or Physical Disability (including duties related to primary care of an individual who is ill or disabled):

I will be unable to appear personally at the polling place of the Election District in which I am a registered voter on Election Day because of my _____ illness or _____ Physical Disability or _____ Primary Care of an individual who is ill or physically disabled and will be confined at _____ home or in the _____ hospital located at _____.

B. Temporary Illness (includes being unable to appear due to risk of contracting or spreading a communicable disease like COVID-19):

I will be unable to appear personally at the polling place of the Election District in which I am a registered voter on Election Day because of my Temporary Illness and/or will be confined at home due to being quarantined. Said quarantine location is: _____.

C. Absent from the County on Election Day (includes absence due to duties, occupation, business, studies or vacation):

I expect in good faith to be absent from the City School District of the City of Corning, County of Schuyler, Chemung, or Steuben (Circle One), State of New York, on Election Day because of _____ Duties or _____ Occupation or _____ Business or _____ Studies or _____ Vacation. Such absence will begin on _____ and end on _____.
(Date) (Date)

D. Due to Detention or Confinement to Jail (Check One):

_____ I presently will be detained awaiting action of the Grand Jury **OR**
_____ I will be confined after conviction for an offense other than a felony.

Delivery of School District Absentee Ballot (check one):

- I will pick up at the office of the School District Clerk.
 I authorize (Name) _____ to pick up my ballot at the office of the School District Clerk.
 Mail ballot to me at: _____
Address _____

**APPLICANT MUST SIGN BELOW AND RETURN TO THE DISTRICT CLERK
165 Charles Street, Painted Post, NY 14870**

I hereby declare the foregoing is a true statement to the best of my knowledge and belief, and I understand that if I make any material false statement in the foregoing statement of application for absentee ballots, I shall be guilty of a misdemeanor.

Date: _____ Signature: _____ DOB: _____

Absentee Ballot to address below if different than Residence Address: _____.