

Davis Park Fire District - Absentee Ballot Application

Please circle which election you are requesting this application for: **Regular** **Referendum**

******* Instructions *******

1. Complete name and residence address, including the street and number, if any, or town and rural delivery route, if any.
2. Complete mailing address, including the street and number, if any, or town and rural delivery route, if any.
3. Complete the appropriate section, as well as section *E*
4. Remember to sign the application, or if unable to sign, have your mark witnessed.
5. This application must be mailed to the Secretary of the Davis Park Fire District not later than the 7th day before election day if the ballot is to be mailed, or delivered to the Secretary not later than the day before election day if the ballot is to be delivered to the voter or voters agent. The ballot itself must either be delivered to the to the Secretary no later than the close of polls on the day of the election or reach the post office box of the district not later than 5:00 PM on the day of the election.

_____, an applicant for an Absentee Regular / Referendum Ballot, states as follows:
(Print or type name)

I reside at _____, and I am or will be, on the day of the election, a qualified voter of the Davis Park Fire District in which I reside, and I am or will be, on such date, over eighteen years of age, a citizen of the United States and has or will have resided in the district for thirty days next preceding such date and that that I am registered in the town.

The Reason I am requesting an Absentee Ballot

I will be unable to appear to vote in person on the day of the election for which the absentee ballot is requested due to: (Check only one of the following)

- I will be a patient in a hospital, or unable to appear personally at the polling place on such day because of illness or physical disability. Complete Sections A and E.**
- My duties, occupation or business will require him or her to be outside of the county of his or her residence on such day. Complete Sections B and E.**
- I will be on vacation outside the county of his or her residence on such day. Complete Sections B and E.**
- I will be absent from my voting residence because I am detained in jail awaiting action by a grand jury or awaiting trial or am confined in prison after conviction for an offense other than a felony. Complete Sections C and E.**

A ILLNESS, PHYSICAL DISABILITY, OR HOSPITAL PATIENT

Unable to go to my polling place because I am ill or physically disabled, and advised not to by my medical practitioner or Christian Science Practitioner _____

Name and address of medical practitioner or Christian Science Practitioner

I expect to be a patient in _____ Hospital, whose address is _____
Name

My illness or disability is permanent. Please mail absentee ballots to me for all future elections without further application. The nature of my permanent illness or disability is: _____

Go to Section E

B DUTIES, OCCUPATION, BUSINESS, STUDIES OR VACATION

I expect to be absent from my county, because my duties, occupation, studies or vacation require me to be elsewhere as follows:

1. Briefly explain your position and nature of your duties, occupation, business, studies or business requiring such absence and give dates when you expect to begin and end your absence. _____

2 Place or places where you expect to be on vacation. _____

3. If vacation, name and address of employer, if any. _____
(If self employed or unemployed, so state – If student, give name of school)

Go to Section E

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C JAIL OR PRISON

___ I will be absent from my voting residence because I am detained in jail awaiting action by a grand jury or awaiting trial or am confined in prison after conviction for an offense other than a felony.

Go to Section E

D ACCOMPANYING A SPOUSE, PARENT OR CHILD

___ Absent from my county on such Election Day, because I will be accompanying my spouse, parent, or child who falls within one of the foregoing categories.

Name and address of such relative: _____

(In the event that this application is not accompanied by the application of such spouse, parent, or child, you must complete the appropriate section above by setting forth the details as they relate to that person.) **Go to Section E**

E ALL APPLICANTS MUST FILL OUT THE FOLLOWING:

Delivery of Absentee Ballot: (Check one)

___ Deliver to _____ whom I authorize to receive my ballot.
(Name)

___ Mail ballot to me at:

(Address)

APPLICANT MUST SIGN BELOW

I hereby declare that 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 of Voter _____

(If the applicant is unable to sign application because of illness, physical disability, or inability to read, the following statement must be executed:) By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read. I have made, or have had assistance in Making, my mark in lieu of my signature.

Date _____ Name of Voter _____ Mark _____

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a material false statement, I shall be guilty of a misdemeanor.

(Address of witness to mark)

(Signature of witness to mark)

(City, State, Zip)

Mail this application for an Absentee Ballot at least 7 days before the election to:

Secretary
Davis Park Fire District
P.O. Box 702
Patchogue, NY 11772

Write the words: Absentee Ballot Application on the front of the envelope.