

Date of Vote:

West Irondequoit Central School District

321 LIST AVENUE ROCHESTER, NEW YORK 14617 Telephone: (585) 342-5500 FAX: (585) 266-1556 www.westirondequoit.org

APPLICATION for ABSENTEE BALLOT

May 16, 2023

Name (Pleas	se Print):				
District Add	ress:				
City:	_	Rochester	Zip Code:		
The undersign	ned applicant cert	ifies as fol	lows:		
of the West Ir	ondequoit Centra	ıl School D	ss; I am or will be, on the day of the school district vote specified above, a qualified voter district. I am or will be, on such date, over 18 years of age, a citizen of the United States ct for thirty (30) days preceding the date of such vote.		
I will be unab of the followi		ote in perso	on on the day of the school district vote for which the absentee ballot is requested for one		
Check one: ((A), (B), (C), (D)	, or (E) an	d complete where applicable.		
(A)	because I will	(1)	_ be a patient in a hospital; or		
Illness		(2)	be unable to appear personally at the polling place on such day because of illness or physical disability.		
(B) Work/Studies	because my duties, occupation, business or studies will require me to be outside the county of my residence on such day.				
		es, occupation, business or studies (list complete school address) ordinarily require my and are as follows:			
		or			
		absence	es, occupation, business, or studies are not of such a nature as ordinarily to require my from the county of my residence, but the special circumstances for which such is required are as follows:		

(C)	because I will be on vacation outside my county of residence on such day from				
Vacation		to			
		WHERE on vacation:			
		Employer, if any:			
		Employer address:			
		Are you self-employed or retired?: (Yes) (No)			
(D)	because I am	(1) being detained in jail awaiting action by a grand jury or awaiting trial;			
Incarcerated		(2) being confined in prison after conviction for an offense other than a felony.			
(E)	because I am a qualified voter who is a				
Other		(1) spouse			
		(2) child			
		(3) parent			
		of who is a qualified voter and who is entitled to, and has applied for, the right to vote by an absentee ballot vote and I will be accompanying that qualified voter on the date of the school district vote.			
AND BELI	EF, AND I UING STATEMEN	AT THE FOREGOING IS A TRUE STATEMENT TO THE BEST OF MY KNOWLEDG NDERSTAND THAT IF I MAKE ANY MATERIAL/FALSE STATEMENT IN TH NT OF APPLICATION FOR ABSENTEE BALLOT, I SHALL BE GUILTY OF			
DA'		SIGNATURE OF VOTER (Applicant)			
PHONE					

MUST BE RECEIVED BY THE DISTRICT CLERK AT LEAST SEVEN (7) DAYS BEFORE THE VOTE IF THE BALLOT IS TO BE MAILED TO THE VOTER, OR THE DAY BEFORE THE VOTE, IF THE BALLOT IS TO BE PICKED UP PERSONALLY BY THE VOTER.