ABSENTEE BALLOT APPLICATION FOR SCHOOL DISTRICT AND PUBLIC LIBRARY ELECTION PURSUANT TO SECTION 2018-b OF THE EDUCATION LAW QUOGUE UNION FREE SCHOOL DISTRICT SUFFOLK COUNTY, NEW YORK

IMPORTANT: THIS APPLICATION MUST BE RECEIVED BY THE DISTRICT CLERK AT LEAST SEVEN (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.

Name:			
Address:			
	(Number and Street)		
	(Village, Town, City)	(State)	(Zip)
years of a	ection, a qualified voter of the ge, a citizen of the United Stat s preceding the date of election	es and have or will have	ISTRICT, am over 1
Date of ele	ection or vote for which absent	ee ballot is requested:	MARCH 29, 2023
	nable to appear to vote in perse absentee ballot is requested	-	
which the one): a p		because I am, or will b	e on such day (chec
which the one): a p bec the dut	absentee ballot is requested patient in a hospital, or unable to a	appear personally at the polity; susiness, or studies, I will buch day. (Provide a brief dere such duties, occupation e such absence, please states	e on such day (checo olling place on such day be required to be outsid escription of such n or business are not o

	jail awaiting action by a grand for an offense other than a fe	n my voting residence because I am or will be detained in d jury, awaiting trial or confined in prison after conviction elony. (Please state whether you are detained awaiting e confined after conviction for an offense other than a
		; OR
	a qualified voter, entitled to a	ring my spouse/child/parent who is or would be, if he were apply for the right to vote by absentee ballot. (Please ationship of person referred to in this paragraph):
: -		R THAN YOUR HOME ADDRESS: If address to which ered is different from permanent address (i.e., school tc.)
والمراجعة		**********
	ARATION – ALL APPLICAN	
and I		a true statement to the best of my knowledge and belief, material false statement in the foregoing statement of be guilty of a misdemeanor.
Signat	ture of Voter:	Date:
	SE RETURN TO: r deliver personally)	[Ms. Jenine Oudeans], District Clerk Quogue Union Free School District 10 Edgewood Road Quogue, NY 11959