GLOVERSVILLE PUBLIC LIBRARY
APPLICATION FOR ABSENTEE BALLOT

May 4, 2010 Gloversville Public Library Board of Trustees Election

1) Applicant's Name: (**please print**) _____

2) Applicant's Residence Address (**please print** and include street and number or town and rural delivery route) _____
_____

3) I, _____, am or will be, on the date of the Library Board of Trustee election, a qualified voter of the Gloversville Enlarged School District, am over 18 years of age, a citizen of the United States, and have or will have resided in the district for 30 days preceding the date of election.

4) Reason you are not able to appear in person to vote on the day of the school district election: (check one)

___ (a) Patient in hospital
___ (b) Physical disability or illness
___ (c) Occupation or business will require that you be outside of the county or city of residence on such day during voting hours
___ (d) Will be on vacation outside the county or city of residence on such day during voting hours
___ (e) Detained in jail awaiting action by grand jury or awaiting trial
___ (f) Confined in prison after conviction of an offense other than a felony
___ (g) Accompanying a spouse, parent or child who is or would be, if a qualified voter, entitled to apply for an absentee ballot for the reason set forth above in subparagraph (c), (d) (circle one)

5) If you checked 4 (c) above:

(a) If occupation or business ordinarily requires such absence, briefly describe your occupation or business.
_____
_____

(b) Otherwise, briefly describe special circumstances which require absence.
_____

6) If you checked 4 (d) above:

(a) Dates expect to begin and end vacation: _____ to _____.
(b) Place to vacation _____.
(c) Name & address of employer (if self-employed, so state)
_____
_____

(over)

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.

Dated: _____ Signature of voter:_____

INSTRUCTIONS FOR APPLICANT

Complete this application form and return it to the Elections Clerk, Gloversville Public Library, 58 E. Fulton St., Gloversville, New York at least seven (7) days before the election (April 27, 2010) if the absentee ballot is to be mailed to you, or at least one (1) day before the election (May 1, 2010 – Library is closed on all Mondays) if you will pick up the absentee ballot.