GATES CHILI CENTRAL SCHOOL DISTRICT
APPLICATION FOR ABSENTEE VOTER BALLOT
Annual Budget Vote and Board Election – May 21, 2024

Name: ____________________________________________________________

Address: __________________________________________________________
Street Address (with apartment number if applicable)

City, State, Zip Code

I am, or will be, on May 21, 2024, a qualified voter of the Gates Chili Central School District because I will be over 18 years of age, a citizen of the United States, and will have resided in the Gates Chili Central School District for at least 30 days preceding May 21, 2024.

I will be unable to appear to vote in person on the day of the school district vote for which the absentee ballot is requested for one of the following reasons:

Check one:

A. _____ I will be a patient in a hospital; or

_____ I will be unable to appear personally at the polling location on that date because of illness or physical disability.

B. _____ My duties, occupation, business, or studies will require me to be outside the county or city of my residence on such date. Briefly describe duties, occupation, business or studies:

________________________________________________________________
________________________________________________________________

OR

My duties, occupation, or business do not ordinarily require my absence from the county or city of my residence; however, the special circumstances that require my absence on such date are as follows:

________________________________________________________________
________________________________________________________________

(please complete the remainder of the form on reverse)
C. _____ I will be on vacation outside my county or city of residence from ________ to ________ during which time I will be at the following place(s):

______________________________________________________________

Name of Employer (if any): _______________________________________

_____ I am self-employed.

_____ I am retired.

D. _____ I will be detained in jail:

_____ 1. awaiting action by a Grand Jury.

_____ 2. awaiting trial.

_____ 3. after conviction for an offense other than a felony.

E. ____ On the date of the vote, I am or will be accompanying or with ___________________________ who is my:

_____ 1. Spouse

_____ 2. Parent

_____ 3. Child

and who is, or would be if he/she were a qualified voter, entitled to apply for the right to vote by absentee ballot, or one of the reasons listed above.

Specify reason and provide details: ______________________________________

___________________________________________________________________

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 or false statement in the foregoing application for an absentee ballot, I shall be guilty of a misdemeanor.

_________________________________  _____________________________
Date                                    Signature of Voter

NOTE: This application 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. Please mail to: District Clerk, Gates Chili Central School District, 3 Spartan Way, Rochester, NY 14624.