

ABSENTEE BALLOT APPLICATION
ANNUAL LIBRARY DISTRICT
HAVERSTRAW KING'S DAUGHTERS PUBLIC LIBRARY DISTRICT

TRUSTEES

To: Clerk to the Board
Haverstraw King's Daughters Public Library
10 W. Ramapo Road
Garnerville, NY 10923

_____, an applicant for an absentee ballot, states
as follows: I _____
(print or type name)
reside at _____, and I am or will be
(street, number, post office & zip code)
a REGISTERED voter of the Haverstraw-Stony Point Central School
District for the ANNUAL LIBRARY DISTRICT vote on the Library Budget and
Election of Library Trustees and such other matters which are submitted
to the voters. On the date of the election, I will be over 18 years of
age, a citizen of the United States and will have resided in the
District for thirty (30) days next preceding the election.

DUTIES, OCCUPATION, BUSINESS, STUDIES OR VACATION

I expect in good faith to be absent from the Haverstraw King's
Daughters Public Library District, State of New York, on the 4th day of
June, 2026 because my duties, occupation, business, studies, hospital,
jail or vacation require me to be elsewhere, as follows:

1. Explain briefly your position and nature of duties, occupation,
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 business, studies or
on vacation _____.
3. Name of employer, if
any, _____.
(if self employed or unemployed, so state - if student, give
name of school)
4. Address of
employer _____.
(if student, give address of school)
5. If this application is based by reason of being or expecting to
be a patient in a hospital or an inmate in jail, give name and
address of institution and reasons for presence in that
institution _____.

DUE TO ILLNESS OR PHYSICAL DISABILITY

I certify that I have been advised by my medical practitioner:

(name and address of medical practitioner or Christian Science practitioner) that I will be unable to appear personally at the polling place of the election district in which I am a REGISTERED voter on the day of the next Annual Library Election because of _____ illness physical disability and will be confined at home, in a hospital. If hospital confinement is expected, state name and address of hospital.

(Check appropriate boxes)

(name and address of hospital)

DUE TO PERMANENT ILLNESS OR PERMANENT DISABILITY

I hereby certify that such illness or disability is permanent and request that Absentee Ballots be mailed to me for future elections without my making further application. I have been designated as "permanently disabled" by the Board of Elections, Rockland County, New York. The nature of my permanent illness or disability is _____.

ALL APPLICANTS MUST FILL OUT FOLLOWING

If application is approved, I request ballot be delivered to member of my family, or to me at the following address:

(print or type)

APPLICANT MUST SIGN BELOW

I certify that the information in this application is true and correct and understand that this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Date _____ Signature of Voter _____

(If applicant is unable to sign application because of illness or physical disability, 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, I have made, or have received assistance in making, my mark in lieu of my signature.

Date _____ Mark _____
(name of voter)

I, the undersigned, hereby certify that the above named voter affixed his mark to this application in my presence and I know him to be the person who affixed his mark to said application and understand this this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

(signature and address of witness to mark)

INSTRUCTIONS TO ABSENTEE VOTERS

1. ALL REGISTERED voters must fill out in full the statement on the front side of this form and personally sign it (unless physically unable to do so).
2. This application must be received by the Clerk to the Library Board 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.
3. Unless you have applied for an absentee ballot as a permanently disabled person, this application is good only for the annual meeting to which it specifically pertains. You must, unless permanently disabled, renew your application for each annual or special election if you are still eligible to vote absentee.
4. Mail application to: Haverstraw King's Daughters Public Library
10 W. Ramapo Road
Garnerville, NY 10923
Attn: Tommy Russo, Clerk to the Library Board