

CLARENCE CENTRAL SCHOOL DISTRICT

ADMINISTRATION

Geoffrey M. Hicks, Ed.D.

Superintendent of Schools

MaryEllen Colling

Director of Special Education

Richard J. Mancuso

Business Official

Kristin Overholt

Director of Curriculum

John P. Ptak, Ed.D.

Director of Personnel



BOARD OF EDUCATION

Maryellen Kloss

President

Michael Fuchs

Vice President

Tricia Andrews

James Boglioli

John Figus

Dennis Priore

Matthew Stock

Dear Prospective Absentee Voter:

Enclosed is the application form necessary to allow you to obtain an absentee ballot for the May 16, 2017 vote.

You must completely fill out all items (numbered 1 through 5) for your application to be valid. You may either bring in your completed application or mail it to us. If you mail it to us, we will mail you an absentee ballot **providing we receive your application in our office, by May 9th, 2017.**

If you personally deliver the application, you may pick up a ballot beginning May 1, 2017, through May 15, 2017, the day before the vote. **No representative may pick up a ballot for you.**

In either case, **we must receive the fully completed ballot in our office located at 9625 Main Street, Clarence, New York no later than 4:00pm, May 16, 2017.**

Should you have any questions, please contact my office at (716) 407-9013.

Sincerely,

Richard J. Mancuso

Richard J. Mancuso

Business Administrator

RJM/ms

att.

**ABSENTEE BALLOT APPLICATION
CLARENCE CENTRAL SCHOOL DISTRICT
9625 MAIN ST., CLARENCE, NY 14031
DISTRICT BUDGET VOTE MAY 16, 2017**

“I am requesting an absentee ballot for the May 16, 2017 vote. I am a qualified voter of the Clarence Central School District in that I am, or will be on the date of the vote referenced above, at least 18 years of age, a citizen of the United States and have or will have resided in the District for 30 days preceding the vote date.”

1. Applicant's Name: _____
(Please Print) Last First MI

2. (A) Home Address: _____

2. (B) Address where ballot should be mailed to: (if different from above)

3. Telephone #: _____

4. "I qualify for voting by Absentee Ballot because I will be unable to appear to vote in person on the day of the vote for one of the following reasons:"

CHECK THE APPROPRIATE REASON

- _____ Illness or physical disability (Temporary _____ Permanent _____)
- _____ Business or study responsibilities which require travel outside of the county or city of residence on the day of the election
- _____ Vacation outside of the county or city of residence
- _____ Detention or confinement to jail

5. "I hearby 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."

APPLICANTS MUST SIGN BELOW

(Date)

(Signature or Mark of Applicant)

(Signature of Witness/Required if Applicant does not sign their own name)

Applications must be signed and received by the District Clerk or designee NOT LATER THAN 4:00 PM on May 9, 2017 if the ballot is to be mailed or one (1) day before the vote if the ballot is to be picked up by the VOTER.