

Lyons Public Library  
122 Broad Street  
Lyons, NY 14489

**APPLICATION FOR ABSENTEE BALLOT**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
(number and street) (town) (state) (zip)

I, \_\_\_\_\_, am or will be, on the day of the public library district election, a qualified voter of the Lyons Central School District, at least 18 years of age, a citizen of the United States, and have or will have resided in the Lyons Central School District for at least 30 days immediately preceding the date of the election.

I will be unable to appear to vote in person on the day of the public library district election for which this absentee ballot is requested for the following reason (check one):

\_\_\_\_\_ I will be a patient in a hospital, or unable to appear personally at the polling place on such day because of illness or physical disability.

\_\_\_\_\_ Because of my duties, occupation or business, I will be required to be outside the country or town of residence on such day (please provide brief description of such duties, occupation or business and the special circumstances requiring your absence): \_\_\_\_\_

\_\_\_\_\_ I will be on vacation outside the country or town of residence on such day (please state the dates upon which you expect to begin and end such vacation, the place(s) where you expect to be on such vacation, the name and address of your employer, if any, and if self-employed, a statement to that effect): \_\_\_\_\_

\_\_\_\_\_ I will be absent from my voting residence because I am or will be detained in jail awaiting action by a grand jury, awaiting trial, or confined in prison after conviction for an offense other than a felony (please state whether you are detained awaiting action by a grand jury, awaiting trial, or are confined after conviction for an offense other than a felony): \_\_\_\_\_

\_\_\_\_\_ My spouse/child/parent, who is a qualified voter of the District, will be absent from the country or town of residence on such day, and I will be accompanying him/her (please state the name, address and relationship of the person referred to in this paragraph, as well as the reason(s) for his/her absence): \_\_\_\_\_

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 this Application for Absentee Ballot, I shall be guilty of a misdemeanor.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Voter)

**Please return to: Director, Lyons Public Library, 122 Broad Street., Lyons, NY 14489.**  
THIS APPLICATION MUST BE FILED WITH THE LIBRARY DIRECTOR 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 PICKED UP IN PERSON AT THE LIBRARY.