

Mail to: DISTRICT CLERK
BOLTON CENTRAL SCHOOL DISTRICT
HORICON AVENUE - PO BOX 120
BOLTON LANDING, NY 12814

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

PLEASE SEND MY BALLOT TO: _____

_____ ZIP CODE _____

___1. BUSINESS _____ Dates you intend to be out of Bolton Central School District: _____
 ___2. VACATION _____ From _____ to _____
 ___3. EDUCATION _____ Please state where you will be on election day: _____
 ___4. TEMPORARY ILLNESS (HOME) _____
 ___5. TEMPORARY ILLNESS (HOSPITAL) _____
 ___6. I WILL BE DETAINED IN JAIL FOR AN OFFENSE OTHER THAN FELONY OR AWAITING TRIAL OR GRAND JURY ACTION (Print name of institution) _____
 ___7. I AM PERMANENTLY CONFINED (Statement below must be complete) _____

ALL APPLICANTS MUST FILL OUT THE FOLLOWING:

DATE _____ SIGNATURE OF VOTER _____

Date ____/____/____ Name of Voter. _____ Mark. _____

**This application must be postmarked at least seven (7) days before an election.
In person application must be received the day before election.**