ABSENTEE BALLOT APPLICATION

HUNTINGTON COMMUNITY FIRST AID SQUAD, INC.

SPECIAL ELECTION

DECEMBER 20, 2019 A REFERENDUM SETTING FORTH A PROPOSITION TO BE VOTED ON: TO CONSIDER AMENDING THE HUNTINGTON COMMUNITY FIRST AID SQUAD INC. SERVICE AWARD PROGRAM, TO INCREASE THE MONTHLY SERVICE AWARD FROM \$20 TO \$30

My name is	·	
My residence address is		
Street Address	Town	Zip Code
County of Suffolk, State of New York.		
I am or will be, on the day of the election, a qualified Huntington Community Ambulance District.	ed voter of the To	own of Huntington,
I am registered to vote in the Town of Huntington, District.	Huntington Com	munity Ambulance
I will be unable to appear to vote in person on Decembe on such day (mark applicable section and explain		
\Box a patient in a hospital, or unable to appear person because of illness or physical disability;	ally at the polling	g place on such day
OR		
\square required by my duties, occupation or business to b	be outside of Suff	olk County on such
day Give brief description of duties, occupation or be absence, or special circumstances on account of which		
OR		;
☐ on vacation outside of Suffolk County on such da	ıv	
State in good faith the beginning and end date, lemployer (state if self-employed):	•	ne and address of
O.D.		;
OR		
□ absent from my voting residence because I am of grand jury or awaiting trial or am confined in prison than a felony.	J	•
Are you detained awaiting action of the grand jury	or confined afte No	r conviction for an

Note: If you expect to be absent from the Town on the day of the Special Town Election by reason of accompanying or being with the spouse, child or parent who is or would be, if he or she were a qualified voter, so entitled to apply

for the right to vote by absentee ballot, please mark this box \square and proceed fill out application.

	MM DD YYYY
Sign Here X	Date//
I hereby declare that the foregoing is a true state and I understand that if I make any material application for absentee ballots, I shall be guilty o	false statement in the foregoing statement of
Addı	ress
☐ Mail ballot to me at	.
to pick up my ballot at the Town Clerk's office; of	OT .
Nam	
☐ I authorize	
☐ Deliver to me in person at the Huntington Tow	vn Clerk's office; or
(5) Delivery of Special Election Ballot:	

Directions

Complete and send application to Jo-Ann Raia, Town Clerk, Commissioner of Special Elections Town of Huntington, 100 Main Street, Huntington, NY 11743-6990. Anyone with questions may call 631 351 3216.

An application for an absentee ballot must be received by the Town Clerk at least seven 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 or his agent.

No absentee voter's ballot shall be canvassed, unless it shall have been received in the office of the Town Clerk not later than 5:00 P.M. on the day of the election.