

**Manhasset Public Library Budget Vote and Trustee Election: March 31, 2026**  
**Instructions for Absentee Ballot Application**

**Who may use this application for the Library absentee ballot?**

You may use this application if you are a qualified voter who resides in the Manhasset Union Free School District #6. You may only apply for an absentee ballot on your own behalf. All applications must be approved by the Library Director/Library District Clerk.

**Who is a qualified voter?**

You are qualified to vote in the MUFSD if you are:

- a citizen of the United States
- at least 18 years of age
- a resident of the MUFSD for a period of at least 30 days preceding election at which you seek to vote
- Registered voter (Nassau County or School District)

**Line items for the Manhasset Library Annual Budget Vote and Trustee Election Ballot Application:**

**No 1 – select a reason**

**No 2 – absentee ballot is for the Library's - ANNUAL ELECTION AND BUDGET VOTE**

**No 4 – School District – MUFSD #6**

**No 6 – indicate preference for ballot delivery; if you indicate mail ballot -include home address**

**No 7 - Sign and date the application**

- **MAIL or hand deliver the application in order to receive a ballot.**

**Place completed application in an addressed envelope and mail or return in person to:**

**LIBRARY DIRECTOR/LIBRARY DISTRICT CLERK**  
**Administration Office, 3<sup>RD</sup> Floor**  
**Manhasset Public Library**  
**30 Onderdonk Avenue**  
**Manhasset, NY 11030**

Applications for absentee ballots are available online or can be picked up at the Library as of **February 11<sup>th</sup>** for the **March 31<sup>st</sup> vote**. Once we have received and approved your application, absentee ballots will be available as of **March 20, 2026** for pick up at the Library's administration office.

**When your absentee ballot will be sent to you:**

If you request that the absentee ballot be mailed to you, the Library Director/Library District Clerk will mail your ballot by regular mail no later than six days prior to the election. Otherwise, the Library Director/Library District Clerk will deliver your ballot to you or your agent, as designated on your application, when you or your agent appears in the Library Director/Library District Clerk's office.

**Completed ballot must be returned to the Library Director/Library District Clerk no later than March 31, 2026 at 5pm in order to be counted.**

# School District/Library Absentee Ballot Application

(for School District Elections, Budget Votes and Referenda)

Please print clearly.

This application may only be used for school district/library elections by qualified voters who reside in a school district that provides for personal registration of voters. If the application requests the absentee ballot be mailed, the application must be received by the district clerk/library director not later than 7 days before the election for which the absentee ballot is sought. Otherwise, the application may be personally delivered to the district clerk/library director not later than the day before the election. Applications may not be submitted more than 30 days prior to the election. If you are qualified for absentee voting and issued an absentee ballot, the ballot itself must be received by the district clerk/library director by 5 p.m. on the day of the election in order to be counted.

**1** I am requesting, in good faith, an absentee ballot due to (check one reason):

<input type="checkbox"/> Absence from county on election day	<input type="checkbox"/> Resident or patient of Veterans Health Administration Hospital
<input type="checkbox"/> Temporary illness or physical disability	<input type="checkbox"/> Detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for conviction of a crime or offense which was not a felony
<input type="checkbox"/> Permanent illness or physical disability	
<input type="checkbox"/> Duties related to primary care of one or more individuals who are ill or physically disabled	

**2** absentee ballot(s) requested for the following Library election:

<input type="checkbox"/> Annual election and budget vote	<input type="checkbox"/> Budget re-vote	<input type="checkbox"/> Special district election or referendum
<input type="checkbox"/> Any election held between these dates: absence begins: ___/___/___ absence ends: ___/___/___		

**3**

Last name or surname	First name	Middle initial	Suffix
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**4**

Date of birth ___/___/___	School district where you reside	Phone number (optional)	Email (optional)
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**5**

Address where you live (residence) street	Apt	City	State	Zip Code
			NY	

**6** Delivery of Library Absentee Ballot (check one)

<input type="checkbox"/> Deliver to me in person at office of district clerk/library director.
<input type="checkbox"/> I authorize (give name): _____ to pick up my ballot at the office of the district clerk/library director.
<input type="checkbox"/> Mail ballot to me at: (mailing address)

\_\_\_\_\_ street no. street name apt. city state zip code

## Applicant Must Sign Below

**7** I certify that I am a qualified and registered voter. 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 the foregoing statement of application for absentee ballots, I shall be guilty of a misdemeanor.

Date \_\_\_\_\_ Signature of Voter: \_\_\_\_\_

If applicant is unable to sign because of illness, physical disability or inability to read, 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 or because I am unable to read. I have made, or have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.)

Date \_\_\_/\_\_\_/\_\_\_ Name of Voter: \_\_\_\_\_ Mark: \_\_\_\_\_

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to said application and understand that 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 of witness to mark)

(address of witness to mark)