

School District Absentee Ballot Application

(for School District Elections, Budget Vote and Referendum)

Please print clearly.

This application may only be used for school district 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 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 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 issue an absentee ballot, the ballot must be returned to the school district clerk by 5 p.m. on the day of the election in order to be canvassed.

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 member 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 for a crime or offense with a sentence of more than 90 days
<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 election(s):

Annual election and budget vote Budget re-vote Special district election or referendum

Any election held between these dates: absence begins: ___/___/___ absence ends: ___/___/___

3 Last name or surname: _____ First name: _____ Middle initial: _____ Suffix: _____

4 Date of birth: ___/___/___

Home address where you reside: _____ Phone number (optional): _____ Email (optional): _____

5 Address where you live (residence) street: _____ Apt: _____ City: _____ State: **NY** Zip Code: _____

6 Delivery of School District Ballot:

Delivered to me in person at home or school district clerk.

I authorize _____ (Full name) to pick up my ballot at the office of the district clerk.

Mail ballot to me at: (mailing address)

street no. _____ street name _____ apt. _____ city _____ state _____ zip code _____

7 Applicant must sign below:

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, belief, and understanding that if it contains any material false statement, or if I am guilty of any fraud in making this 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. (The power of attorney or appointed name starts as shown.)

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 have been duly sworn.

(signature of witness to mark)

(address of witness to mark)