

INSTRUCTIONS

Who may use this application for a school district absentee ballot?

You may use this application if you are a qualified voter who resides in a school district that provides for personal registration for voters. You may only apply for an absentee ballot on your own behalf. If you are unsure whether your district provides for personal registration, please contact Teresa M. Silverman, District Clerk, at 845-497-4000 ext. 27042 or at tsilverman@ws.k12.ny.us.

Who is a qualified voter?

You are qualified to vote in your school district if you are:

- a citizen of the United States;
- at least 18 years of age; and
- a resident of the school district for a period of at least 30 days preceding the meeting or election at which you seek to vote.

No person shall have the right to register for or vote at any school meeting or election who would not be qualified to register for or vote at an election in accordance with the provisions of Election Law §5-106.

This application is not intended for Military Absentee Ballots.

Where and when to return this application:

If you request the absentee ballot be mailed to you, your application must be received by the district clerk no later than 7 days before the election for which you seek an absentee ballot. Otherwise, you may personally deliver your application to the district clerk no later than the day before the election. You may not submit your application more than 30 days prior to the election.

When your absentee ballot will be sent to you:

If you request that the absentee ballot be mailed to you, the district clerk will mail your ballot by regular mail no later than 6 days prior to the election. Otherwise, the district clerk will deliver your ballot to you or your agent, as designated on your application, when you or your agent appears in the district clerk's office.

For your ballot to be canvassed, it must be received by the school district clerk by 5:00PM on the day of the election, Tuesday, May 18, 2021.

School District Absentee Ballot Application

(for School District Elections, Budget Votes and Referenda)

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 issued an absentee ballot, the ballot itself must be received by 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 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 school district 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
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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 School District Absentee Ballot (check one)

Deliver to me in person at office of school district clerk.

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

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)