HARRISON CENTRAL SCHOOL DISTRICT
Application for Military Ballot for Budget Vote/Election

PLEASE PRINT CLEARLY.

BE ADVISED: Military voters must submit a separate military ballot application for each election at which they wish to cast a vote, except any necessary budget re-vote.

This application must be returned by mail or in person to the Office of the School District Clerk, 50 Union Avenue, Harrison, NY 10528, not later than 5:00 PM on the 26th day before the election.

1. I am requesting, in good faith, a military ballot because (check one):
   - ☐ I am in military service* and by reason of such military service will be absent on the day of the election
   - ☐ I am in military service and will be discharged from such military service within 30 days of the election
   - ☐ I am the (check one) ___ spouse, ___ parent, ___ child, or ___ dependent of such qualified military voter accompanying or being with the qualified military voter and am also a qualified voter and resident of the same school district

2. Name:
   _________________________________      _____________________________     ___________        _______
   last name or surname                                    first name                                                   middle initial         suffix

3. Residential Address in School District:
   _________________________________     ______________________________     _______     _________
   street address                                                         city, town, village                                       state       zip code

4. Military Address:
   _________________________________     ______________________________     _______     _________
   street address                                                         city                                                                 state       zip code

5. Preference for Receiving Military Ballot (check one):
   - ☐ Mail (specify Residential or Military Address) __________________________________________________
   - ☐ Email (provide email address) _________________________________________________________________
   - ☐ Fax (provide fax number) _____________________________________________________________________

6. Military Voter Affirmation:
   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 ballots, I shall be guilty of a misdemeanor.

   Signature of Voter ___________________________________________ Date ________________________

* Defined as “the military service of the state, or of the United States, including the army, navy, marine corps, air force, coast guard, merchant marine and all components thereof, and the coast and geodetic survey, the public health service, the national guard when in the service of the United States pursuant to call as provided by law, and the cadets or midshipmen of the United States Military Academy, United States Naval Academy, United States Air Force Academy and United States Coast Guard Academy.”