

MAMARONECK UFSD

School District Absentee Ballot Application

(for School District Elections, Budget Votes and Referenda)

PLEASE RETURN THIS APPLICATION TO
 JOANNE RICE, DISTRICT CLERK 914-220-3007
 Mamaroneck UFSD
 1000 West Boston Post Road
 Mamaroneck, NY 10543

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
----------------------	------------	----------------	--------

4

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

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: Bymy 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 himor 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 hadbeen duly sworn.

_____ (signature of witness to mark)

_____ (address of witness to mark)

Please indicate your neighborhood school voting area:

Central School _____ Chatsworth Avenue School _____

Mamaroneck Avenue School _____ Murray Avenue School _____

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 of 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 your district clerk. If you reside in a district that does **not** provide for personal registration, you may contact your school district to apply for an absentee ballot.

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.

Information for military voters:

Do **not** use this application if you are:

- a qualified voter who will be absent from your school district on the day of the election as a result of actual military service;
- a qualified voter who has been discharged from actual military service within 30 days of the election in which you seek to vote; or
- the spouse, parent, child, or dependent of a military voter as set forth above who is accompanying such military voter and who is qualified to vote in the same school district as the military voter.

If you meet any of the above criteria, you are entitled to special provisions if you apply for a military ballot. Please contact your school district to receive the appropriate application form.

Information for voters with an illness or disability:

If you check the box indicating your illness or disability is permanent, and you are identified as a permanently disabled voter by the county board of elections, once your application is approved you will automatically receive a ballot for each school district election in which you are eligible to vote, without having to apply again. You may sign the absentee ballot application yourself, or you may make your mark and have your mark witnessed in the spaces provided on the bottom of the application. Please note that a power of attorney or printed name stamp is not allowed for any voting purpose.

Where and when to return this application:

If you request that the absentee ballot be mailed to you, your application must be received by the district clerk for your school district 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 p.m. on the day of the election.