

# Churchville-Chili Central School District

## Absentee Ballot Application



Please print clearly.

- This **application** must either be personally delivered to the Clerk of the Board of Education not later than the day before the election or postmarked by a governmental postal service not later than 7th day before the election.
- The **ballot** itself must be personally delivered (or sent by regular mail if you are a military voter) to the Clerk of the Board of Education no later than 5 p.m. on budget vote/election day.

|           |  |                         |                                |          |
|-----------|--|-------------------------|--------------------------------|----------|
| <b>1.</b> | <b>I am requesting, in good faith, an absentee ballot due to (check one reason):</b><br><input type="checkbox"/> absence from county on election day;<br><input type="checkbox"/> absence from county due to military service (incl. spouse/parent/dependent accompanying individual serving military duty)<br><input type="checkbox"/> inability to appear at the polling place because of illness or physical disability, or duties related to the primary care of one or more individuals who are ill or physically disabled, or because he or she will be or is a patient in a hospital;<br><input type="checkbox"/> I am an inmate or patient of a veteran's administration hospital; or<br><input type="checkbox"/> I am in detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony, provided that I am a qualified voter in the election district of my residence |                         |                                |          |
| <b>2.</b> | I am requesting an absentee ballot for the following election:<br><input type="checkbox"/> Churchville-Chili Central School District Budget/Board of Education Vote/Buses<br><input type="checkbox"/> Churchville-Chili Central School District Special Election (i.e., Capital Project, Land Purchase, Capital Reserve Fund)  |                         | Vote Date: <u>May 21, 2024</u> |          |
| <b>3.</b> | last name or surname   | first name              | middle initial                 | suffix   |
| <b>4.</b> | date of birth MM/DD/YYYY<br>____/____/____   | phone number (optional) | email (optional)               |          |
| <b>5.</b> | address where you live (residence) street  |                         | apt                            | city     |
|           |  |                         | state                          | zip code |
|           |  |                         | <b>NY</b>                      |          |
| <b>6.</b> | Delivery of Election ballot (check one)<br><input type="checkbox"/> I authorize (give name) _____ to pick up my ballot at the District Office.<br><input type="checkbox"/> Mail ballot to me at: (mailing address)<br>_____<br>street no/      street name      apt/      city      state      zip code  |                         |                                |          |

### Applicant Must Sign Below

|           |   |  |  |  |
|-----------|---|--|--|--|
| <b>7.</b> | I certify that I am a qualified and a registered voter, and that the information in this application is true and correct, and that this application 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. |  |  |  |
|           | <b>Sign Here:</b> <u>  X  </u>  |  | <b>Date</b> <u>    </u> / <u>    </u> / <u>    </u><br><small>MM/DD/YYYY</small> |  |

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.

Date     /    /          Name of Voter \_\_\_\_\_      Mark \_\_\_\_\_  
MM/DD/YYYY

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.

\_\_\_\_\_  
 (address of witness to mark)

\_\_\_\_\_  
 (signature of witness to mark) (address of witness to mark)