

# MILLBROOK CENTRAL SCHOOL DISTRICT

## Absentee Ballot Application

(for School District Elections, Budget Votes and Referenda)

PLEASE RETURN THIS APPLICATION TO:

Millbrook CSD  
Cheryl Sprague, District Clerk  
43 Alden Place, PO Box AA, Millbrook NY 12545  
[cheryl.sprague@millbrookcsd.org](mailto:cheryl.sprague@millbrookcsd.org)

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.**

1	<b>I am requesting, in good faith, an absentee ballot due to (check one reason):</b>	
	<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)		
	<input type="checkbox"/> Annual election and budget vote	<input type="checkbox"/> Budget re-vote	<input type="checkbox"/> Special district election or referendum
<input type="checkbox"/> 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)
	___/___/___	Millbrook CSD		

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

6	Delivery of School District Absentee Ballot (check one)				
	<input type="checkbox"/> Deliver to me in person at the office of school district clerk.(43 Alden Place, Millbrook )				
	<input type="checkbox"/> I authorize (give name): _____ to pick up my ballot at the office of the school district clerk.				
	<input type="checkbox"/> 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 them to be the person who affixed their 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.

\_\_\_\_\_  
(printed name of witness to mark) (signature of witness to mark)

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

Please see other side for detailed instructions.

## 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. This includes Millbrook CSD. You may only apply for an absentee ballot on your own behalf.

### 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:

**You may not submit your application more than 30 days prior to the election.** 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.

### When will your absentee ballot be sent to you?

If you request an 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, November 19, 2024.**