

Gorham-Middlesex Central School District

Application for Absentee Ballot for Annual Meeting and General Election

Date of Annual Meeting and General Election: May 19, 2026

The application **must be received** by the District Clerk by 5:00 P.M., at least seven (7) days before the election if the ballot is to be mailed to the voter, or the day before the election if it is to be delivered personally to the voter.

Please fill out every field of this application in order to receive an absentee ballot for the 2026 annual meeting and general election of the Gorham-Middlesex Central School District.

First and Last Name: _____

Address: _____

(Number and Street/Rural Delivery Route)

_____, New York

(Municipality)

Date of Birth: _____

I, certify that I am or will be, on the day of the election: (1) a qualified voter of the Gorham-Middlesex Central School District, the school district in which I reside, (2) at least eighteen (18) years of age, (3) a United States citizen, and (4) a resident of the Gorham-Middlesex Central School District for at least thirty (30) days before the election.

I further certify that I will be unable to appear to vote in person on the day of the school district election for which the absentee ballot is requested because I am, or will be on such day:

_____ outside of the county residence;

_____ a resident or patient in a hospital, including a veteran's administration hospital;

_____ unable to appear personally at the polling place because of illness or physical disability.

_____ unable to appear personally at the polling place due to duties related to the primary care of one or more individuals who are ill or physically disabled.

_____ absent from my voting residence because I am detained in jail awaiting action by a grand jury or awaiting trial, or confined in jail or prison after conviction for an offense other than a felony. The place where I am detained or confined is:

Name and address

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: _____, 2026

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 I 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 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

Witness Signature

Please return to:
District Clerk
Gorham-Middlesex Central School District
4100 Baldwin Road
Rushville, NY 14544