West Irondequoit Central School District
321 LIST AVENUE
ROCHESTER, N.Y. 14617
PHONE: (585) 342-5500
FAX: (585) 266-1556
westirondequoit.org

APPLICATION FOR ABSENTEE BALLOT
WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT
MAY 19, 2026 ANNUAL MEETING AND GENERAL ELECTION

Application must be received by the District Clerk at least 7 days before the vote if the ballot is to be mailed to the voter, or by 4:00 p.m. on May 18, 2026, if the ballot is to be delivered personally to the voter.

STATE OF : NEW YORK
COUNTY OF : MONROE
CITY OR TOWN OF : ROCHESTER_____

I, _____, being affirmed say:
Name

I reside at _____
Street Number (if any) or town and rural delivery (if any), city/town/village, state, and zip code

Date of Birth: _____

I am a qualified voter of the West Irondequoit Central School District because I am or will be on the date of the Referendum over 18 years of age, a citizen of the United States, and have or will have resided within the School District for a period of thirty days next preceding the date of the Referendum.

I will be unable to appear to vote in person on the day of the Annual Meeting and General Election for which this absentee ballot is requested.

The Reason I am Requesting an Absentee Application

In good faith I expect, on the day of the Annual Meeting and General Election, that:

Check only ONE:

☐ I will be a resident or patient in a hospital, including a veteran's administration hospital, or unable to appear personally at the polling place on such day because of illness or physical disability, or duties related to the primary care of one or more individuals who are ill or physically disabled. [Education Law Section 2018-b(2)(a)(3)(a)].

☐ I will be absent from my county of residence. [Education Law Section 2018-b(2)(a)(3)(b))].

☐ I will be 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 a conviction for an offense other than a felony. The location where I am detained or confined is:

_____.

[Education Law Section 2018-b(2)(a)(3)(c)]

Delivery of Absentee Ballot

☐ Deliver to me in person at the office of the school district clerk.

☐ Mail ballot to me at: _____

_____

_____

_____

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 STATEMENTS IN THE FOREGOING STATEMENT OF APPLICATION FOR ABSENTEE BALLOTS, I SHALL BE GUILTY OF A MISDEMEANOR.

_____ _____

Date Signature of Voter or Mark

ONLY COMPLETE SECTION BELOW IF YOU ARE UNABLE TO COMPLETE THIS APPLICATION WITHOUT ASSISTANCE:

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 _____

RETURN APPLICATIONS TO:

Jenna Lustig, District Clerk
West Irondequoit Central School District
321 List Avenue
Rochester, NY 14617