



WILLIAMSON CENTRAL SCHOOL

PO Box 900, Williamson, NY 14589-0900 phone: (315) 589-9661 fax: (315) 589-7611

APPLICATION FOR ABSENTEE BALLOT

PURSUANT TO SECTION 2018-B OF THE EDUCATION LAW

As of the Williamson Central School District Annual Meeting and General Election to be conducted on **May 19, 2026**, I will be on the day of the school district election, a qualified voter of the **WILLIAMSON CENTRAL SCHOOL DISTRICT**, will be over 18 years of age, a citizen of the United States and have or will have resided in the district for 30 days preceding the date of election. My date of birth is _____.

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 (check one):

- 1. A patient in a hospital, including a veteran's administration hospital, or unable to appear because of illness or physical disability.
- 2. Unable to appear personally at the polling place because of duties related to the primary care of one or more individuals who are ill or physically disabled.
- 3. Absent from the county of residence.
- 4. Detained in jail awaiting action by a grand jury, awaiting trial or confined in prison after conviction for an offense other than a felony. My place of detention is:

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 Ballot, I shall be guilty of a misdemeanor.

_____ Date

_____ Signature of Voter

Please return to:
Office of the District Clerk
Williamson Central School District
PO Box 900
Williamson, NY 14589

_____ Name (please print)

_____ Residence Address

Approved: _____
Date: _____

_____ Town State Zip

Please deliver my ballot to me:

_____ I will appeal in person at the District Office
_____ Mail to me at the above address

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