

Washingtonville Central School District**Absentee Ballot Application****Annual Meeting (SCHOOL BUDGET VOTE AND BOARD ELECTION) - May 19, 2026****PLEASE PRINT CLEARLY.**

This application may only be used for school district votes 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, 52 West Main Street, Washingtonville NY 10992, not later than 7 days before the vote 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 vote. Applications may not be submitted more than 30 days prior to the vote. If you are qualified for absentee voting and issued an absentee ballot, the ballot itself must be received by the District Clerk by 5 PM on the day of the vote (May 19, 2026) in order to be canvassed.

1	I am requesting, in good faith, an absentee ballot due to (check one reason): absent from voter's county of residence on election day; however, if applicant expects to be absent from the county for a duration covering more than one election, they must provide the dates when the absence will begin and end; or unable to appear personally at the polling place because of illness or physical disability, or duties related to primary care of one or more individuals who are ill or physically disabled, or will be a patient in a hospital; or Is or will be a resident or patient of a veteran's administration hospital; or Absent from the voter's voting residence because the voter is 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. A space must be included for the applicant to provide the place where the applicant is detained or confined.			
2	Absentee Ballot(s) requested for the following: May 19, 2026 Annual Meeting (Budget/Vote/Election)			
3	Last name or surname		First Name	M. Initial Suffix
4	Date of Birth	School district where you reside	Phone No.	Email
5	Address where you live (residence) STREET APT CITY STATE ZIP NY			
6	Delivery of Absentee Ballot (check one) Deliver to me in person at Office of School District Clerk. I authorize (print name): _____ to pick up my ballot at Office of School District Clerk. Mail ballot to me at this address: _____ Street No. Street Name APT CITY STATE ZIP			

APPLICANT MUST SIGN AND DATE BELOW

7	I certify that I am a qualified and registered voter of the above School District. 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 _____

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 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.		
_____ (Print name of witness to mark)		_____ (Signature of witness to mark)
_____ (Address of witness to mark)		