School District Absentee Ballot Application

(for School District Elections, Budget Votes and Referenda)

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**.** If you are qualified for absentee voting and issued an absentee ballot, the ballot itself must be received by the school district clerk by 5 p.m. on the day of the election in order to be canvassed.

1 **I am requesting, in good faith, an absentee ballot due to (check one reason):**

- ☐ Absence from county on election day
- ☐ Temporary illness or physical disability
- ☐ Permanent illness or physical disability
- ☐ Duties related to primary care of one or more individuals who are ill or physically disabled
- ☐ Resident or patient of Veterans Health Administration Hospital
- ☐ 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

2 absentee ballot(s) requested for the following school district election(s)

☐ Annual election and budget vote ☐ Budget re-vote ☐ Special district election or referendum

☐ 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)
_____/ _____/ _____			

5

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

6 Delivery of School District Absentee Ballot (check one)

- ☐ Deliver to me in person at office of school district clerk.
- ☐ I authorize (give name):_____to pick up my ballot at the office of the school district clerk.
- ☐ 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 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.

_____ _____

(signature of witness to mark)

_____

(address of witness to mark)