

# HIGHLAND FALLS-FORT MONTGOMERY CENTRAL SCHOOL DISTRICT ABSENTEE BALLOT APPLICATION ANNUAL MEETING (BUDGET VOTE AND ELECTION)

**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, James I. O'Neill High School, 21 Morgan Road, Highland Falls, NY 10928 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 16, 2023) in order to be canvassed.

<b>1</b>	<p><b>I am requesting, in good faith, an absentee ballot due to (check one reason):</b></p> <p><input type="checkbox"/> Absence from county on election day</p> <p><input type="checkbox"/> Temporary illness or physical disability</p> <p><input type="checkbox"/> Permanent illness or physical disability</p> <p><input type="checkbox"/> Duties related to primary care of one or more individuals who are ill or physically disabled</p> <p><input type="checkbox"/> Resident or patient of Veterans Health Administration Hospital</p> <p><input type="checkbox"/> 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</p>
----------	---

<b>2</b>	<b>Absentee Ballot(s) requested for the following:</b> <input type="checkbox"/> Annual Meeting (Budget Vote and Election)
----------	---

<b>3</b>	Last name or surname	First name	M. Initial	Suffix
----------	----------------------	------------	------------	--------

<b>4</b>	Date of Birth / /	School district where you reside	Phone number	Email
----------	----------------------	----------------------------------	--------------	-------

<b>5</b>	Address where you live (residence) STREET                      APT.                      CITY                      STATE                      ZIP			
	NY			

<b>6</b>	<p>Delivery of Absentee Ballot (check one)</p> <p><input type="checkbox"/> Deliver to me in person at Office of School District Clerk.</p> <p><input type="checkbox"/> I authorize (give name) : _____ to pick up my ballot at Office of School District Clerk.</p> <p><input type="checkbox"/> Mail ballot to me at this address:</p> <p>_____</p> <p style="text-align: center;">Street no.      Street name                      Apt.      City                      State                      Zip</p>
----------	--

**APPLICANT MUST SIGN BELOW**

<b>7</b>	<p><b>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 ballot, I shall be guilty of a misdemeanor.</b></p> <p><b>DATE</b> _____ <b>SIGNATURE OF VOTER</b> _____</p>
----------	--

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 their mark to this application in my presence and I know the voter to be the person who affixed their 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)