Allegany-Limestone Central School District

Application for Absentee Ballot
(for School District Election, Budget Vote and Referenda)

Completed application must be received by the District Clerk no later than seven (7) days before the election (**May 10, 2022**) if the ballot is to be mailed to the voter or no later than the day before the election (**May 16, 2022**) if the ballot is to be personally delivered to the voter. If you are qualified for absentee voting and issued an absentee ballot, the ballot must be received by the District Clerk by 5:00 p.m. on the day of the election (**May 17, 2022**).

Name: _____ Phone: _____

Address where you live (residence): _____

Mailing Address (if different than residence): _____

Delivery of Absentee Ballot:

□ Mail ballot to me *(application must be received by **May 10, 2022**)*
□ At my residence address OR □ At my mailing address

□ Deliver to me in-person at District Office *(application must be received by **May 16, 2022**)*

I will be unable to appear to vote in person on the day of the school district election and am requesting an absentee ballot because: *(please select and complete __one__ of the following options)*

□ Public health emergency (COVID-19).

□ I am or will be a patient in a hospital or unable to appear personally at the polling place because of illness or physical disability.

□ I will be absent from the county or city of my residence on election day due to my duties, occupation, business or studies, or because I will be on vacation.

A brief description of such duties, occupation, business or studies or the special circumstances which require my absence: _____
_____

Dates and location of vacation: _____

I am □ self-employed OR □ retired OR □ employed. The name and address of my employer are: _____
_____

□ I will be absent from my voting residence because:
□ I am detained in jail/prison awaiting action of the grand jury; or
□ I am awaiting trial; or
□ I am confined to prison after conviction for an offense other than a felony.

□ I will be absent from the school district on election day because I will be with or accompanying my (*check one*) □ spouse, □ parent, □ child, who is a qualified voter of the same school district and who is entitled to apply to vote by absentee ballot.
□ My spouse/parent/child (*check one*): □ has □ has not applied for an absentee ballot.

Applicant Must Sign: I certify that I am or will be, on the day of the school district election, a qualified voter.[1] 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: _____

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[1] A qualified voter is a citizen of the United States, at least 18 years of age, a resident of the school district for at least 30 days preceding the election and not otherwise prohibited from voting pursuant to N.Y. Election Law § 5-106.

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/her mark to this application in my presence and I know him/her to be the person who affixed his/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 of Mark:_____   Address:_____

Please Return This Application To:
Allegany-Limestone Central School District
ATTN: Kristin Colburn, District Clerk
3131 Five Mile Road
Allegany, New York 14706

To Be Completed by District Clerk:

Date Application Received: _____

Request: ☐ Granted   OR ☐ Denied

Reason Denied:_____

Date Ballot Sent: _____ OR Delivered: _____