## SOUTH ORANGETOWN CENTRAL SCHOOL DISTRICT ABSENTEE BALLOT APPLICATION ANNUAL DISTRICT MEETING - MAY 21, 2024

## 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, 160 Van Wyck Road, Blauvelt, NY 10913, 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 21, 2024) 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: Annual Election and Budget Vote   |   |  |  |  |   |   |  |
| 3  | Last name or surname First n  |   |  | e  | M. Initial   | Suffix  |   |  |
| 4  | Date of Birth School district where you reside  |   |  | Phone number   | Email  |   |   |  |
| 5  | Address where you live (residence) STREET APT.  |   |  | CITY   |  | TATE ZIP  |   |  |
| 6  | Delivery of 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 Office of School District Clerk.  Mail ballot to me at this address:   |   |  |  |  |   |   |  |
| ADDITO   | Street no. Street name  |   | Apt.   | City   | State  | e Zi  | p   |  |
| 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 ballot, I shall be guilty of a misdemeanor.  DATE SIGNATURE OF VOTER |   |   |  |  |  |   |   |  |
| duly witned to write be lieu of my DATE:  I, the under to be the   | nt is unable to sign because of ill essed hereunder, I hereby state to a reason of my illness or physical visignature. (No power of attorne NAME OF Viersigned, hereby certify that the person who affixed his or her mut of an affidavit and if it contains  | that I am unable to sign m<br>I disability or because I ar<br>y or preprinted name sta<br>VOTER:<br>above named voter affix<br>nark to said application a | ny application unable to mps allowed a | on for an absentee ballo<br>read. I have made, or h<br>d.)<br>er mark to this applicati<br>and that this statement | ot without assinate the assisted when the assisted with the assist | stance becaus<br>tance in makin<br>kK:<br>ence and I kno<br>oted for all pu | e I am unable g, my mark in ow him or her rposes as the |  |
|  | (Print name of witness to mark)   | nature of witness to mark)  dress of witness to mark)   |  |  |  |   |   |  |