# WARWICK VALLEY CENTRAL SCHOOL DISTRICT
# ABSENTEE BALLOT APPLICATION
# ANNUAL MEETING (BUDGET VOTE AND ELECTION) - MAY 17, 2022

**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, P.O. Box 595, 225 West Street Ext., Warwick, NY 10990, 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 17, 2022) 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 (includes fear of contracting or spreading the virus that causes COVID-19)
___ 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 Meeting (Budget Vote and Election) – 5/17/2022**

**3**

| Last name or surname | First name | M. Initial | Suffix |
|---|---|---|---|
| | | | |

**4**

| Date of Birth | School district where you reside | Phone number | 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 (give name) : _____ to pick up my ballot 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 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 ballot, I shall be guilty of a misdemeanor.**

**DATE** _____ **SIGNATURE OF VOTER** _____

If applicant is unable to sign because of illness, physical disability of 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)