



**PLEASE PRINT ALL INFORMATION, and
RETURN THE APPLICATION TO:**

**School District Clerk
150 Pike Street
Port Jervis, New York 12771**

APPLICATION FOR ABSENTEE BALLOT FOR SCHOOL DISTRICT ELECTION 2023
PORT JERVIS CITY SCHOOL DISTRICT

For: ☐ **May 16, 2023 School District Vote** ☐ Budget re-vote ☐ Special District Election or Referendum

I am requesting, in good faith, an absentee ballot due to the following reason (check ONE):

- ☐ Absence from county on election day ☐ Temporary illness or physical disability
☐ Permanent illness or physical disability ☐ Resident or patient of a Hospital
☐ Detention in jail/prison, awaiting trial or action by a Grand Jury, or in prison for conviction of a crime or offense which was not a felony
☐ Duties related to primary care of one or more individuals who are ill or physically disabled (*Please attach specifics such as relationship to the individual and type of care needed*)

Last Name	First Name	Middle Initial	Suffix		
Date of Birth ____/____/____ MM / DD / YYYY	School District Where you Reside <i>Port Jervis City School District</i>	Phone no. (optional)	Email Address (Optional)		
Address Where You Live (residence)					
Street No	Street Name	Apt.	City	State	Zip

DELIVERY OF SCHOOL DISTRICT ABSENTEE BALLOT (CHECK ONE)

- ☐ Pick Up ***In person*** @ District Clerk's Office
☐ I authorize _____ to pick up my ballot at the School District Clerk's Office
☐ Mail my ballot to the above address
☐ Mail my ballot to alternate address: _____

Street No Street Name Apt. City State Zip

STATEMENT OF ATTESTATION*:

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(s) in the foregoing Application for Absentee Ballot, that I shall be guilty of a misdemeanor.

Signature of Applicant

Date

Notices and Disclaimers

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 that 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 District Clerk no later than 5:00 pm on the day of the election in order to be canvassed.

We ask that you keep in mind possible delays of the postal service if requesting a ballot by mail. The district is not responsible for ballots received after the deadline due to postal delays.

*If applicant is unable to sign the Statement of Attestation on the reverse side of this application due to 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: _____ **Printed Name of Voter:** _____ **Voter Mark:** _____

I, the undersigned, hereby certify that the above named voter affixed their mark to this application in my presence and I know them 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.

Signature of Witness to Voter Mark

Address of Witness to Voter Mark