

Ichabod Crane Central School District Absentee Ballot Application

(for School District Elections, Budget Votes and Referenda)

Please print clearly.

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 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 school district clerk by 5 p.m. on the day of the election in order to be canvassed.

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

2	absentee ballot(s) requested for the following school district election(s)		
	<input type="checkbox"/> Annual election and budget vote	<input type="checkbox"/> Budget re-vote	<input type="checkbox"/> Special district election or referendum
<input type="checkbox"/> Any election held between these dates: absence begins: ___/___/___ absence ends: ___/___/___			

3	Last name or surname	First name	Middle initial	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4	Date of birth	School district where you reside	Phone number (optional)	Email (optional)
	___/___/___	<input type="text"/>	<input type="text"/>	<input type="text"/>

5	Address where you live (residence) street	Apt	City	State	Zip Code
				NY	

6	Delivery of School District Absentee Ballot (check one)				
	<input type="checkbox"/> Deliver to me in person at office of school district clerk.				
	<input type="checkbox"/> I authorize (give name): _____ to pick up my ballot at the office of the school district clerk.				
	<input type="checkbox"/> Mail ballot to me at: (mailing address)				
_____ street no. _____ street name _____ apt. _____ city _____ state _____ zip code					

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 ballots, I shall be guilty of a misdemeanor.	
	Date _____	Signature of Voter: _____

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 or her mark to this application in my presence and I know him or her to be the person who affixed his or 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 to mark)

(address of witness to mark)

Instructions

A. All applicants for an absentee ballot shall fill out, in full, the absentee ballot application and sign and date it.

1. Do not use this application if you are a military voter*.

2. Voters with illness or disability

If you check the box indicating your illness or disability is permanent, and you are identified as a permanently disabled voter by the county board of elections, once your application is approved you will automatically receive a ballot for each school district election in which you are eligible to vote, without having to apply again. You may sign the absentee ballot application yourself, or you may make your mark and have your mark witnessed in the spaces provided on the bottom of the application. Please note that a power of attorney or printed name stamp is not allowed for any voting purpose.

B. Pursuant to Education Law §§ 2018-a(2), 2018-b(2), the District Clerk must receive all absentee ballot applications at least seven (7) days before the election if the ballot is to be mailed to the voter, or the day before the election if the ballot is to be delivered personally by the voter. All absentee ballot applications will be accepted by the District Clerk at the Central Office, located at 2910 Route 9, Valatie New York (High School Building).

C. Upon receipt of an absentee ballot application, the District Clerk will review the application to determine if the applicant is a qualified voter and is otherwise entitled to vote by absentee ballot. Applications that do not specify the reasons why a voter will be unable to vote in person on the day of the election, will not be accepted.

D. If the application is proper in all respects, the District Clerk will then mail or personally issue an absentee ballot as authorized by the voter on the application. For a ballot to be canvassed, completed ballots must be received by 5:00 p.m. on the day of the vote/election.

E. Return this application to:

Mindy Potts, District Clerk
Ichabod Crane CSD Central Office
2910 Route 9, Box 820
Valatie, NY 12184

If you prefer or if time is short, applications may be delivered to the above address in the Central Office, Monday-Friday 8:00 a.m. – 4:00 p.m.

*Military Voter

Do not use this application if you are:

- a qualified voter who will be absent from your school district on the day of the election as a result of actual military service;
- a qualified voter who has been discharged from actual military service within 30 days of the election in which you seek to vote; or
- the spouse, parent, child, or dependent of a military voter as set forth above who is accompanying such military voter and who is qualified to vote in the same school district as the military voter.

If you meet any of the above criteria, you are entitled to special provisions if you apply for a military ballot.

Please contact your school district to receive the appropriate application form.

