



ABSENTEE & EARLY VOTING BALLOT REQUEST

The attached **Absentee Ballot 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.

Last day to submit applications is May 19th by 4pm.

The attached **Early Voting Application** application may be used for any school election at which early voting by mail is authorized by law. If the application requests the early mail ballot to be mailed, the application must be received by the district clerk not later than 7 days before the election for which the early mail ballot is sought.

Last day to submit applications is May 19th by 4pm.



Disclaimer: The information provided in this free resource is for educational and informational purposes only.



Newburgh Enlarged City School District Absentee Ballot Application

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
	<div></div>	<div></div>	<div></div>	<div></div>

4	Date of birth	School district where you reside	Phone number (optional)	Email (optional)
	<div></div>	<div></div>	<div></div>	<div></div>

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

Who may use this application for a school district absentee ballot?

You may use this application if you are a qualified voter who resides in a school district that provides for personal registration of voters. You may only apply for an absentee ballot on your own behalf.

If you are unsure whether your district provides for personal registration, please contact your district clerk. If you reside in a district that does **not** provide for personal registration, you may contact your school district to apply for an absentee ballot.

Please note, residents of city school districts of cities with one hundred twenty-five thousand inhabitants or more are not eligible to use this form.

Who is a qualified voter?

You are qualified to vote in your school district if you are:

- a citizen of the United States;
- at least 18 years of age; and
- a resident of the school district for a period of at least 30 days preceding the meeting or election at which you seek to vote.

No person shall have the right to register for or vote at any school meeting or election who would not be qualified to register for or vote at an election in accordance with the provisions of Election Law §5-106.

Information for military voters:

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.

Information for voters with an 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.

Please note the potential for contraction of the virus that causes COVID-19 qualifies as a temporary illness for absentee ballot purposes.

Where and when to return this application:

If you request that the absentee ballot be mailed to you, your application must be received by the district clerk for your school district no later than 7 days before the election for which you seek an absentee ballot. Otherwise, you may personally deliver your application to the district clerk no later than the day before the election. You may not submit your application more than 30 days prior to the election.

When your absentee ballot will be sent to you:

If you request that the absentee ballot be mailed to you, the district clerk will mail your ballot by regular mail no later than 6 days prior to the election. Otherwise, the district clerk will deliver your ballot to you or your agent, as designated on your application, when you or your agent appears in the district clerk's office. For your ballot to be canvassed, it must be received by the school district clerk by 5 p.m. on the day of the election.

Newburgh Enlarged City School District

This application may be used for any school election at which early vote by mail is authorized by law. If the application requests the early mail ballot to be mailed, the application must be received by the district clerk not later than 7 days before the election for which the early mail 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 early mail voting and issued an early mail ballot, the ballot itself must be received by the school district clerk by 5p.m. on the day of the election in order to be canvassed.

Early mail ballot(s) requested for the following election(s): <input type="checkbox"/> Annual election and budget vote <input type="checkbox"/> Budget re-vote <input type="checkbox"/> Special district election or referendum					
Last name or surname		First name		Middle initial	Suffix
Date of birth MM/DD/YYYY	County where you live	Phone number (optional)	Email (optional)		
Address where you are registered		Apt	City	State NY	Zip code

5. Delivery of School District Early Mail Ballot (check one)

☐ Deliver to me in person at office of school district clerk.

☐ I authorize (give name): _____ to pick up my ballot at the office of the school district clerk.

☐ Mail ballot to me at: (mailing address) _____

Street no.	Street name	Apt	City	State	Zip code
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6. 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 early mail ballots, I shall be guilty of a misdemeanor.

Sign Here: X Date / /
MM/DD/YYYY

(Address of witness to mark)

(Signature of witness to mark)

Clerk Use Only
2024 Early Vote By Mail
Application – English

Instructions

Who may use this application for a school district early mail ballot?

You may use this application if you are a qualified voter participating in a school election for which early vote by mail is authorized by law. You may only apply for an early mail ballot on your own behalf. A voter who applies for and is issued an early mail ballot will not be eligible for an absentee ballot for the same election.

If you are unsure whether the election you are applying for permits early vote by mail, please contact your district clerk.

Who is a qualified voter?

You are qualified to vote in your school district if you are:

- a citizen of the United States;
- at least 18 years of age; and
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