**Beacon City School District**

**MILITARY VOTER**

**APPLICATION FOR MILITARY ABSENTEE BALLOT**

***Application must be received by the District Clerk no later than May 1, 2023 at 5:00 p.m.***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being affirmed say:

My School District address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My military address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a qualified military voter of the Beacon School District in which I reside in that I am or will be eighteen (18) years of age or over on May 16, 2023, a citizen of the United States and have or will have resided in the district for thirty (30) days next preceding May 16, 2023.

I will be unable to appear to vote in person during all hours on the day of the School District election for which the absentee ballot is requested because I am or will be on such day:

(**Complete one of the following subdivisions**):

1. in military service



1. discharged from military service within 30 days of the election



1. an eligible spouse, parent, child or dependent of a military voter

Delivery of School District Election Ballot (check one)

 Email ballot to me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fax ballot to me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mail ballot to me at the above military mailing address

**If no email address or fax number is provided, the ballot will be mailed to you.**

**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 STATEMENTS IN THE FOREGOING STATEMENT OF APPLICATION FOR ABSENTEE BALLOTS, I SHALL BE GUILTY OF A MISDEMEANOR.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Voter or Mark Date

Please feel free to drop off your application at the District Office OR you can mail or email it to the following address: Vickie Jackson – 10 Education Drive, Beacon, NY OR jackson.v@beaconk12.org