



**Garrison**  
Union Free School District

**SCHOOL DISTRICT ABSENTEE BALLOT APPLICATION**  
**(For School District Elections, Budget Votes and Referenda)**

**December 5, 2023 Special District Meeting-Transportation Referenda**  
**(Applications may not be submitted more than 30 days prior to the vote/election.)**

**NOT BEFORE November 6, 2023**

This application may only be used for school district elections/votes by qualified voters who reside in a school district that provides 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 (**November 28, 2023**) 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. (**December 4, 2023**) If you are qualified for absentee voting and issued an absentee ballot, the ballot itself must be received by the school district clerk by 5:00 p.m. on the day of the election in order to be canvassed.

A qualified voter may vote as an absentee voter **if during all hours of the voting** on the day of the vote/election, he or she cannot vote in person for one of the reasons listed below.

**I am requesting, in good faith, an absentee ballot due to (check one reason):**

- Absence from the county of my residence on election day
- Temporary illness or physical disability
- 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

**Absentee ballot(s) requested for the following school district election(s):**

- Special district election or referendum**
- Any election held between these dates: Absence begins: \_\_\_/\_\_\_/\_\_\_ absence ends: \_\_\_/\_\_\_/\_\_\_

Last name or surname: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone # (optional): \_\_\_\_\_ Email (optional): \_\_\_\_\_

**Address where you reside:**  
Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Delivery of School District Absentee Ballot (check one)**

\_\_\_\_\_ Deliver to me in person at the office of the school district clerk

\_\_\_\_\_ I authorize (given name): \_\_\_\_\_ to pick up my ballot for me at the office of the school district clerk

\_\_\_\_\_ Mail ballot to me at: (mailing address)

\_\_\_\_\_ street no. street name apt. city state zip

**APPLICANT MUST SIGN BELOW**

I certify that I am a qualified and registered voter of the Garrison Union Free School District. I hereby declare that the forgoing is a true statement to the best of my knowledge and belief, and I understand that if I made any material false statement in the forgoing state of application for absentee ballots, I shall be guilty of a misdemeanor.

**SIGNATURE OF VOTER:**

**DATE:**

*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: \_\_\_\_\_

**WITNESS OF 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 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.

\_\_\_\_\_  
Name of Witness (please print)

\_\_\_\_\_  
Signature of Witness to mark

\_\_\_\_\_  
Address of Witness to mark