



Allegany-Limestone Central School District

Application for Absentee Ballot

(Please print clearly)

Completed application must be received by the District Clerk no later than seven (7) days before the election (**May 9, 2025**) if the ballot is to be mailed to the voter or no later than the day before the election (**May 19, 2025**) if the ballot is to be personally delivered to the voter. If you are qualified for absentee voting and issued an absentee ballot, the ballot must be received by the District Clerk by 5:00 p.m. on the day of the election (**May 20, 2025**).

Name: _____ Phone: _____

Address where you live (residence): _____

Mailing Address (if different than residence): _____

Phone Number (optional): _____ Email (optional): _____

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

- ☐ Absence from county on election day.
- ☐ Temporary illness or physical disability.
- ☐ Permanent illness of 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 of offense which was not a felony.

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

- ☐ Annual election and budget vote
- ☐ Budget re-vote
- ☐ Special district election or referendum
- ☐ Any election held between these dates: absence begins: ____/____/____ absence ends: ____/____/____

Delivery of School District Absentee Ballot (check one)

- ☐ Mail ballot to me (*application must be received by **May 9, 2025***)
 - ☐ At my residence address OR ☐ At my mailing address
- ☐ Deliver to me in-person at District Office (*application must be received by **May 20, 2025***)
- ☐ I authorize (give name): _____ to pick up my ballot at the office of the school district clerk.

Applicant Must Sign: I certify that I am or will be, on the day of the school district election, a qualified voter.¹ 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 ballot, I shall be guilty of a misdemeanor. Date: _____ Signature of Voter: _____

¹ A qualified voter is a citizen of the United States, at least 18 years of age, a resident of the school district for at least 30 days preceding the election and not otherwise prohibited from voting pursuant to N.Y. Election Law § 5-106.

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/her mark to this application in my presence and I know him/her to be the person who affixed his/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 of Mark: _____ Address: _____

Please Return This Application To:
Allegany-Limestone Central School District
ATTN: Kristin Colburn, District Clerk
3131 Five Mile Road
Allegany, New York 14706

To Be Completed by District Clerk:

Date Application Received: _____

Request: ☐ Granted OR ☐ Denied

Reason Denied: _____

Date Ballot Sent: _____ OR Delivered: _____