

**BRIGHTON CENTRAL SCHOOL DISTRICT
ANNUAL VOTE AND ELECTION**

May 21, 2024

APPLICATION FOR ABSENTEE BALLOT

RETURN TO: Kim Lanzafame, District Clerk
Brighton Central School District
2035 Monroe Avenue
Rochester, New York 14618

1. **Name:** _____

2. **Residence Address:** _____
(Street Address)

(Town, State and Zip)

(Phone – Optional)

(Email address – Optional)

3. How long have you resided at the above address? _____

4. **Request for Absentee Ballot:**

I hereby request an Absentee Ballot for the Annual Budget Vote and Election (the “Vote”) of the Brighton Central School District (the “District”) to be held on May 21, 2024.

5. **Statement of Voter Qualifications:**

I am or will be on the date of the Vote a qualified voter of the District by reason of the fact that I am or will be on that date at least 18 years of age, a citizen of the United States, and a resident of the District for at least 30 days immediately preceding the date of the Vote.

6. **Reason for Absence:**

I will be unable to appear in person to vote on the date of the Vote for the following reason (check one):

_____ (a) I will be a patient in a hospital, or I will be unable to appear personally at the polling place because of illness or physical disability; or

_____ (b) I will be absent from Monroe County because of my duties, occupation, business or studies (complete paragraph 7 below); or

_____ (c) I will be on vacation outside of Monroe County (complete paragraph 8 below); or

- _____ (d) I will be absent from my voting residence because I will be detained in jail awaiting trial or action by a grand jury, or because I will be confined in prison after conviction for an offense other than a felony (complete paragraph 9 below); or
- _____ (e) My spouse, parent or child, who is a qualified voter of the District, will be absent from the District and I will be accompanying that person (complete paragraph 10 below).

7. If you checked 6(b) above, please describe your duties, occupation, business or studies.

If your duties, occupation, business or studies are not of such a nature as would ordinarily require your absence, state the special circumstances on account of which your absence is required.

8. If you checked 6(c) above, please state the dates on which you expect to begin and end your vacation, the place or places where you expect to be on your vacation, and the name and address of your employer, if any, and if self-employed or retired, a statement to that effect.

9. If you checked 6(d) above, please state whether you are being detained in jail awaiting action by a grand jury, or awaiting trial, or confined in prison after conviction for an offense other than a felony.

10. If you checked 6(e) above, please state the reasons for the absence of your spouse, parent or child.

11. Verification:

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 this Application for Absentee Ballot, I shall be guilty of a misdemeanor.

APPLICANT MUST FILL OUT THE FOLLOWING:

(A) Signature of Voter

I certify that the information in this Application 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.

(Date)

(Signature of Voter)

OR

(B) Signing by “Mark”

If applicant is unable to sign this Application because of illness or physical disability, the following statement must be completed. By my mark, duly witnessed hereunder, I state that I am unable to write because of my illness, physical disability or because I cannot read. I have made, or have received assistance in making, my mark in lieu of my signature.

(Date)

(Mark of Voter)

Witness – Signature by Mark

I certify that the above-named voter affixed his/her/their mark on this Application in my presence, and I know him/her/them to be the person who affixed his/her/their mark to this Application, and that he/she/they understand(s) that this Application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, that he/she/they shall be subject to the same penalties as if he/she/they had been duly sworn.

(Date)

(Signature of Witness)

THIS SIGNED APPLICATION AND THE COMPLETED BALLOT MUST BE FILED WITH THE CLERK OF THE DISTRICT NO LATER THAN 5:00 P.M. ON MONDAY, MAY 20, 2024.