

## 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 Clerk of the District **no later than 5:00 p.m., prevailing time on May 14 2024**. Otherwise, the application may be hand delivered to the Clerk of the District **no later than 5:00 p.m., prevailing time on May 20, 2024**. 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 Clerk of the District **by 5:00 p.m. on May 21, 2024** in order to be canvassed. If you have any questions, please contact the Clerk of the District; c/o Nicole Castillo at (315) 638-6055 or via email to [ncastillo@bville.org](mailto:ncastillo@bville.org)

<b>1.</b>	Absentee 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

<b>2.</b>	Last name or surname	First name	Middle initial	Suffix
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<b>3.</b>	Date of birth MM/DD/YYYY	County where you live	Phone number (optional)	Email (optional)
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<b>4.</b>	Address where you are registered	City	State NY	Zip code
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<b>5.</b>	I DECLARE that I will be unable to vote in person on May 21, 2024 because I am or will be: (check one reason):			
<input type="checkbox"/> Absent from county on Election day		<input type="checkbox"/> Detention in jail/prison, awaiting trial to action by a grand jury, or in prison for a conviction of a crime or offense, which was not a felony		
<input type="checkbox"/> Temporary illness or physical disability		<input type="checkbox"/> Duties related to primary care of one or more individuals who are ill or physically disabled		
<input type="checkbox"/> Permanent illness or physical disability				
<input type="checkbox"/> Resident or patient of Veterans Health Administration Hospital				

<b>6.</b>	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:				
Street no.		Street name	City	State
				Zip code

**Applicant Must Sign Below**

<b>7.</b>	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.		
Sign Here: <b>X</b> _____		Date: ____ / ____ / ____ MM/DD/YYYY	

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 illness or physical disability or because I am unable to read. I have made, or have received assistance in making, my mark in lieu of my signature (No power of attorney or preprinted name stamps allowed).

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Name of Voter: \_\_\_\_\_      Mark: \_\_\_\_\_  
MM/DD/YYYY

I, the undersigned, hereby certify that the above named voter affixed their 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.

\_\_\_\_\_  
(Print name of witness to mark)

\_\_\_\_\_  
(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 the Baldwinsville Central School District. You may only apply for an absentee ballot on your own behalf.

### 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 are identified as a permanently disabled voter by the Onondaga County Board of Elections, you will automatically receive a ballot for each school district election in which you are eligible to vote, without having to apply.

For those who must apply, 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.

### 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 Clerk of the District for your school district **no later than 5:00 p.m., prevailing time on May 14, 2024**. Otherwise, you may hand deliver your application to the Clerk of the District **no later than 5:00 p.m., prevailing time on May 20, 2024**. 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 Clerk of the District will mail your ballot by regular mail **no later than May 15, 2024**. Otherwise, the Clerk of the District will deliver your ballot to you or your agent, as designated on your application, when you or your agent appears in the Clerk of the District's office. For your ballot to be canvassed, it must be received by the Clerk of the District **by 5:00 p.m. on May 21, 2024**.