



Office of the District Clerk
1477 South Schodack Road
Castleton, NY 12033

Military Voter Ballot Application

Military voter's name: _____

Residence address in the school district: _____

(including street and number, if any, or town and delivery route, if any)

Military address:

Preference for receiving military ballots (**choose one (1)** and provide applicable information) either by:

- a. _____ Mail (address): _____
- b. _____ Facsimile (number plus area/country code): _____
- c. _____ Electronic mail (email address): _____

Military Voter's Statement (**choose one (1)** and sign affirmation):

- a. _____ the military voter is in military service and by reason of such military service will be absent on the day of the election, or the military voter will be discharged from such military service within 30 days of the election; or
- b. _____ the military voter is an eligible spouse, parent, child or dependent of a military voter, accompanying or being with such voter, if a qualified voter of the State of New York and a resident of the same school district as such voter (as outlined in 8 NYCRR 122.2(f)(2)); and

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 ballots, I shall be guilty of a misdemeanor.

Date: _____ Signature of Voter: _____