



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