

Northeast (Webutuck) School District

Absentee Ballot Application

(for School District Elections, Budget Votes and Referenda)

Application must be received by the District Clerk no earlier than thirty (30) days before the election. Applications must be received no later than seven (7) days before the election if the ballot is to be mailed to the voter, or no later than the day before the election if the ballot is to be delivered personally to the voter or their designee.

State of New York

County of Dutchess

I, _____, with a date of birth of _____, and
being affirmed say: I reside at _____.

I am a qualified voter of the Northeast (Webutuck) School District in which I reside in that I am or will be eighteen (18) years of age or over on **May 20, 2025**, a citizen of the United States and have or will have resided in the district for thirty (30) days next preceding **May 20, 2025**.

I will be unable to appear to vote in person during all hours on the day of the School District election for which the absentee ballot is requested because I am or will be on such day:

(Complete one of the following subdivisions):

- ☐ 1. absent from the county of my residence
- ☐ 2. unable to appear at the polling place because of illness or physical disability, or duties related to the primary care of one or more individuals who are ill or physically disabled, or because I am or will be a patient in a hospital
- ☐ 3. an inmate or patient of a veteran's administration hospital
- ☐ 4. absent from my voting residence because I am detained in jail awaiting action by a grand jury, or awaiting trial, or confined in jail or prison after a conviction for an offense other than a felony.

Delivery of School District Election Ballot (check one)

- ☐ Deliver to me in person at the school district.
- ☐ I authorize (give name): _____ to pick up my ballot at the school district.
- ☐ Mail ballot to me at (mailing address): _____

Address

City

State

Zip

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 STATEMENTS IN THE FOREGOING STATEMENT OF APPLICATION FOR ABSENTEE BALLOTS, I SHALL BE GUILTY OF A MISDEMEANOR.

Signature of Voter or Mark

Date

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 or her 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

Please feel free to drop off your application at the District Office OR you can mail it to the following address:

**Northeast (Webutuck) School District
Attn.: District Clerk
194 Haight Road, P.O. Box 405
Amenia, NY 12501**