

OYSTER BAY-EAST NORWICH CENTRAL SCHOOL DISTRICT

Oyster Bay, NY 11771

516-624-6500 \* fax 516-624-6520

www.obenschools.org

## Application for Military Ballot for Budget Vote/Election dated May 18, 2021

Please print clearly.

BE ADVISED: Military voters must submit a separate military ballot application for each election at which they wish to cast a vote, except any necessary budget revote.

This application must be returned by mail or in person to the Office of the School District Clerk, or appropriate official designated by the school district public library, as applicable, not later than 5:00 PM on the twenty-fifth (25<sup>th</sup>) day before the election for those school districts and school district public libraries, except city school districts with less than 125,000 inhabitants in which case the application must be received not later than 5:00 PM on the fifteenth (15<sup>th</sup>) day before the election.

<b>1.</b>	I am requesting, in good faith, a military ballot because (check one reason):
	<input type="checkbox"/> I am in military service* and by reason of such military service will be absent on the day of the election
	<input type="checkbox"/> I am in military service and will be discharged from such military service within 30 days of the election
	<input type="checkbox"/> I am the (check one) ___ spouse, ___ parent, ___ child, or ___ dependent of such qualified military voter accompanying or being with the qualified military voter and am also a qualified voter and resident of the same school district

<b>2.</b>	Name:
	_____
	last name or surname
	_____
	first name
	_____
	middle initial
	_____
	suffix

<b>3.</b>	Residential Address in School District:
	_____
	street address
	_____
	city, town, village
	_____
	state
	_____
	zip code

<b>4.</b>	Military Address:
	_____
	street address
	_____
	city
	_____
	state
	_____
	zip code

<b>5.</b>	Preference for Receiving Military Ballot (check one):
	<input type="checkbox"/> Mail (specify Residential or Military Address) _____
	<input type="checkbox"/> Email (provide email address) _____
	<input type="checkbox"/> Fax (provide fax number) _____

<b>6.</b>	Military Voter Affirmation:
	_____

\* Defined as "the military service of the state, or of the United States, including the army, navy, marine corps, air force, coast guard, merchant marine and all components thereof, and the coast and geodetic survey, the public health service, the national guard when in the service of the United States pursuant to call as provided by law, and the cadets or midshipmen of the United States Military Academy, United States Naval Academy, United States Air Force Academy and United States Coast Guard Academy."

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.

Signature of Voter \_\_\_\_\_ Date \_\_\_\_\_