Application for Military Ballot

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, [223 Wisner Ave., Middletown, NY 10940] or by email to the District Clerk: [district.clerk@ecsdm.org] not later than 5:00 PM on the twenty-sixth (26th) day before the election for all 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 (15th) day before the election.

1. I am requesting, in good faith, a military ballot because (check all of the boxes that apply):
   ☐ I am a qualified voter of the Middletown City School District (the “School District”) and am registered to vote in the School District
   ☐ I am in military service* and by reason of such military service will be absent on the day of the election
   ☐ I am in military service and will be discharged from such military service within 30 days of the election
   ☐ 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

2. Name:

   _______________________________      _____________________________     ___________        _______
   last name or surname                                    first name                                                   middle initial         suffix

3. Residential Address in School District:

   _____________________________________     ______________________________     _______     _________
   street address                                                         city, town, village                                       state             zip code

4. Military Address:

   _____________________________________     ______________________________     _______     _________
   street address                                                         city                                                                 state             zip code

5. Preference for Receiving Military Ballot (check one):
   ☐ Mail (specify Residential or Military Address) __________________________
   ☐ Email (provide email address) __________________________________________
   ☐ Fax (provide fax number) _____________________________________________________________________

6. Military Voter Affirmation:

   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 ________________________
* 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.”