



Northern Adirondack Central School District

5572 Route 11 Ellenburg Depot, NY 12935

Military Ballot Application



Please print clearly.

IN ORDER TO QUALIFY FOR RECEIPT OF A MILITARY BALLOT THE FOLLOWING INFORMATION IS REQUIRED:

Name: _____

Permanent Residence

Address: Street & Number _____

Apt. No or Rural Delivery (if any) _____

Village/Town, State, Zip _____

Telephone No. (optional) _____

Military Address:

Street & Number _____

Apt. No or Rural Delivery (if any) _____

Village/Town, State, Zip, Country _____

I DECLARE that I am, or will be on May 21, 2024, a qualified voter of the District, over eighteen (18) years of age, and a United States citizen and have, or will have, resided in the District for thirty (30) days preceding such date.

I DECLARE that I will be unable to vote in person on May 21, 2024 because I am or will be: (NOTE: It is MANDATORY to indicate the reason by checking the appropriate box below)

☐ In actual military service, and absent from the District on the day of the vote or discharged from service within 30 days of the vote; or

☐ accompanying or being with a military voter who is also a resident and qualified voter of the District, as that military voter's spouse, parent, child or dependent (circle one).

Manner in which the ballot should be sent:

☐ Mail to the military address written above

☐ Mail to alternate address:

Street & Number _____

Apt. No or Rural Delivery (if any) _____

Village/Town, State, Zip, Country _____

☐ Send by fax to: _____

☐ Send by email to: _____

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: _____