

**Beacon City School District**  
**MILITARY VOTER**  
**APPLICATION FOR MILITARY ABSENTEE BALLOT**

*Application must be received by the District Clerk no later than May 26, 2020 at 5:00 p.m.*

I, \_\_\_\_\_, being affirmed say:

My Beacon City School District address is:

My military address is: \_\_\_\_\_

I am a qualified military voter of the Beacon City School District in which I reside in that I am or will be eighteen (18) years of age or over on June 9 2020, a citizen of the United States and have or will have resided in the district for thirty (30) days next preceding June 9, 2020.

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. in military service
- 2. discharged from military service within 30 days of the election
- 3. an eligible spouse, parent, child or dependent of a military voter

Delivery of School District Election Ballot (check one)

Email ballot to me at \_\_\_\_\_

Fax ballot to me at \_\_\_\_\_

Mail ballot to me at the above military mailing address

**If no email address or fax number is provided, the ballot will be mailed to you.**

**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

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

**District Clerk**  
**Beacon City School District**  
**10 Education Drive**  
**Beacon, NY 12508**  
**pologe.k@beaconk12.org**