

**Beacon City School District**  
**MILITARY VOTER**  
**APPLICATION FOR PERSONAL REGISTRATION**

*Application must be received by the District Clerk no later than May 3, 2021 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 May 18, 2021, a citizen of the United States and have or will have resided in the district for thirty (30) days next preceding May 18, 2021. I am a military voter in military service and by reason of such military service I will be absent on the day of registration or election, or I will be discharged from such military service within 30 days of the election, or I am an eligible spouse, parent, child, or dependent of a military voter.

If you would like to request a military absentee ballot application form, please indicate your preferred method of receipt:

- Email application to me at \_\_\_\_\_
- Fax application to me at \_\_\_\_\_
- Mail application to me at the above military mailing address

**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 PERSONAL REGISTRATION, 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, email or fax it to the following address:  
**District Clerk**  
**Beacon City School District**  
**10 Education Drive**  
**Beacon, NY 12508**  
**Fax: 845-231-0475**  
**Email: pologe.k@beaconk12.org**