

Lewiston-Porter Central School District Office of the District Office

4061 Creek Road, Youngstown, NY 14174 716-286-7266(p), 716-286-7859 (f)

mbarile@lew-port.com www.lew-port.com

Absentee Ballot Application

| | ALL APPLICANTS MUST COMPLETE THIS FORM | | |
|----------|--|--|--|
| am re | equesting an absentee ballot application for the May 20, 2025, District Vote and Election. | | |
| Name: | | | |
| | | | |
| City S | Address:tate, Zip Code: | | |
| Oity, O | tato, 21p 00do | | |
| decla | re the following to be true: | | |
| | I am a citizen of the United States | | |
| 2. | On the day of the election, I will be a qualified voter of the school district. | | |
| | On the day of the election, I will be at least 18 years old. | | |
| | On the day of the election, I will have resided in the Lewiston-Porter Central School District for 30 days. | | |
| | nable to appear to vote in person on the day of the school district election for which the absentee ballot is sted for the following reason: | | |
| \neg | I am a patient in a hospital. | | |
| | | | |
| | Name of hospital:Address of hospital: | | |
| | I have an illness or physical disability. | | |
| | Address of south amount. | | |
| _ | I will be on vacation outside of the area. | | |
| | | | |
| | From: To: | | |
| | Location(s) of vacation: | | |
| | Name of employer: | | |
| _ | Address of employer: | | |
| | I will be outside of the area due to duties, occupation, business, or studies. | | |
| | Please provide a brief description: | | |
| | I am detained in jail, awaiting action by a grand jury, awaiting trial or confined in prison after conviction for an offense other than a felony. | | |
| | Please indicate the statement above that applies to you: | | |
| | - Todoo marcate and clatement above and appropries to your | | |
| hat if I | by declare that the foregoing is a true statement to the best of my knowledge and belief, and I understand make any materially false statement in the foregoing statement of application for absentee ballots, I shall ty of a misdemeanor. | | |
| Signat | ure of Voter: Date: | | |
| _ | ure of Voter:Date: | | |

Please return this application to: Office of the District Clerk

seven (7) days before the district vote and/or election if the ballot is to be mailed or one (1) day before the district vote and/or election if the ballot is to be personally delivered.

FOR OFFICE USE ONLY: (District Clerk fills out this box)

| | 7 |
|----------------------|-------------------------|
| Application received | Ballot (taken) received |
| Ballot sent | Ballot voted in office |