

Lewiston-Porter Central School District

4061 Creek Road

Youngstown, NY 14174

For Office Use Only

Ballot Mailed:

Ballot Faxed:

Ballot Emailed:

Military Ballot Application

This application must be received by the District Clerk no later than 4/22/2021 for which a military ballot is sought.

I am requesting, in good faith, a military ballot for the **5/18/2021** Lewiston-Porter Central School District election due to (check one reason):

- ☐ The military voter is in military service and by reason of such military service will be absent on the day of the election, or the military voter will be discharged from such military service within 30 days of the election.
- ☐ The military voter is an eligible spouse, parent, child or dependent of a military voter.

Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YYYY)
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Address (residence)	Street	City	State	Zip Code
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Address (military)	Street	City	State	Zip Code
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Delivery of Election Ballot (check one):

- ☐ Mailed to Military Address _____
- ☐ Facsimile Transmission: # _____
- ☐ Electronic Mail: _____

*******APPLICANT MUST SIGN BELOW*******

I am a qualified voter of the Lewiston-Porter Central School District in that I am, or will be on the date of the election, over 18 years of age, a citizen of the U.S. and have or will have resided in the district for thirty days preceding the election. 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 military ballot, I shall be guilty of a misdemeanor.

Signature: _____ **Date** _____

ONLY TO BE COMPLETED BY PERSON WHO SIGNS WITH AN "X"

By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability, or because I am unable to read. I have made, or have received assistance in making, my mark in lieu of my signature.

Date: _____ Name of Voter: _____ Mark: _____

I, the undersigned, hereby certify that the above named voter affixed his/her mark to this application in my presence and I know him/her to be the person who affixed his/her mark to said application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Signature of Witness_____
Address of Witness