

MILITARY ABSENTEE BALLOT APPLICATION

MILITARY VOTER'S NAME: _____

MILITARY VOTER'S RESIDENCE:

I, _____, being affirmed say: I
reside at _____

Complete Street Address (including Number, PO Box) and Town, Zip Code and School District)

MILITARY VOTER'S MILITARY ADDRESS:

Complete Street Address (including Military Base (if applicable) Number, PO Box) and Town, Zip Code and School District)

- I am a qualified voter of the State of New York and the School District in which I reside in that: I am or will be on such date, over 18 years of age, a citizen of the United States and have or will have resided in the district for thirty days next preceding such date and will be absent on the day of the election, or will be discharged from such military service within 30 days of the election.

- I am a spouse, parent, child or dependent of a voter, accompanying or being with such voter, I am a qualified voter of the State of New York and the School District and a resident of the same school district as such voter.

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.

Date.....Signature of Voter.....

Send to: District Clerk, Dobbs Ferry School District, 505 Broadway, Dobbs Ferry, NY 10533 or tularzkol@dfsd.org