Absentee Ballot Application
Annual Meeting and Vote - Tuesday, May 20, 2025

If a voter does not provide a reason that he/she is entitled to an absentee ballot, the application will be processed as an application for an early mail ballot and the applicant will be sent an early mail ballot if otherwise eligible.

Name: _____

Street Address: _____   Phone Number: _____

City, State, Zip Code: _____

I declare the following to be true:

1. I am a <u>citizen of the United States;</u>
2. On the day of the election, I will be a qualified voter of the West Seneca Central School District;
3. On the day of the election, I will be at least 18 years old; and
4. On the day of the election, I will have resided in the West Seneca Central School District for 30 days.

I am unable to vote in person on the day of the school district election for which the absentee ballot is requested for the following reason:

☐   I am a patient in a hospital

Name of hospital: _____

Address of hospital: _____

☐   I have an illness or physical disability

Address of confinement: _____

☐   I will be on vacation outside of the county

From: _____   To: _____

Location(s) of vacation: _____

Name of employer, if any: _____

Address of employer, if any: _____

☐ Self-Employed: _____   ☐ Retired – Date of Retirement: _____

☐   I will be outside of the county due to my 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 which statement above applies to you: _____

☐   I am a qualified voter of the school district and will be absent from the school district on the day of the election by reason of accompanying or being with my spouse, parent or child, who would be qualified to vote in the school district election by absentee ballot, because my spouse/parent/child will be (check one):

            _____ Absent from the county due to his or her duties, occupation, business or studies; <u>or</u>

            _____ Absent due to vacation; <u>or</u>

            _____ Absent because he or she is a patient at a hospital or confined due to illness or physical disability.

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 absentee ballots, I shall be guilty of a misdemeanor.

Date: _____   Signature of Voter: _____

<u>Please Note:</u>

The District Clerk must receive this application at least seven (7) days before the election if the ballot is to be mailed to the voter, or the day before the election, if the ballot is to be handed personally to the voter.

Please return this application to:

Nicole C. Latza, District Clerk
West Seneca Central School District
900 Mill Rd, Room 106
West Seneca, NY 14224