

**Military Absentee  
Ballot Application**

**This form is for absent Uniformed Service members and their families to request an absentee ballot.**

\*\*\*Regardless of your preferred method of transmission, any **ORIGINAL BALLOT APPLICATION or MILITARY BALLOT must be returned by mail or in person to: District Clerk, Naples Central School District, 135 North Main Street, Naples, NY 14512.** Original ballot applications must be received **not later than 5:00 P.M. on May 6, 2024** (15 days before the election) and military ballots must be received **not later than 5:00 P.M. on May 21, 2024**, the date of the election.\*\*\*

PRINT clearly in blue or black ink

BE ADVISED: Military voters must submit a separate military ballot application for each election at which they wish to cast a vote, except any necessary budget revote.

**For the school district vote to be conducted on May 21, 2024:**

I will be over 18 years of age, a citizen of the United States, and a resident of the district for 30 days prior to the election.

**1. I am requesting in good faith, a military ballot because (check one reason):**

- I am in military service and will be absent on the day of the election.
- I am in military service and will be discharged within 30 days of the election.
- I am the (check one) \_\_\_\_\_ spouse, \_\_\_\_\_ parent, \_\_\_\_\_ child, or \_\_\_\_\_ dependent of such qualified military voter and am also a qualified voter and resident of the same school district.

**2. Name:**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial                                      Suffix

**3. Residential Address in School District:**

\_\_\_\_\_  
Street Address                                      City                                      State                                      Zip

**4. Military Address:**

\_\_\_\_\_  
Street Address                                      City                                      State                                      Zip

**5. Preference for receiving a Military Ballot: Select One.**

If no preference is checked, any election correspondence will be sent by mail to your residential address.

- Mail** (specify address  Residential or  Military) \_\_\_\_\_
- Email** (provide email address) \_\_\_\_\_
- Fax** (provide fax number) \_\_\_\_\_

**6. Military Voter Affirmation:**

I hereby declare that the foregoing is a true statement to the best of my knowledge and belief. I further 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 of Voter: \_\_\_\_\_ Date: \_\_\_\_\_