

**SULLIVAN WEST CENTRAL SCHOOL DISTRICT
MILITARY PERSONAL REGISTRATION APPLICATION FORM**

As of the School District vote to be conducted on May 19, 2020, I will be over eighteen years of age, a citizen of the United States, and a resident of the District for thirty days. I will be unable to appear in person to register to vote in this election because (check one):

- ☐ 1. I am in actual military service, meaning the military service of the state, or of the United States, including the army, navy, marine corps, air force, coast guard, merchant marine and all components thereof, and the coast and geodetic survey, the public health service, the national guard when in the service of the United States pursuant to call as provided by law, and the cadets or midshipmen of the United States Military Academy, United States Naval Academy, United States Air Force Academy and United States Coast Guard Academy, and by reason of such military service, will be absent from the school district on the day of registration or election.
- ☐ 2. I will be discharged from such military service as defined in Paragraph 1 within 30 days of an election.
- ☐ 3. I am the spouse, parent, child or dependent of a voter, described in Paragraph 1, accompanying or being with such voter, and as such, will be absent from the school district on the day of registration or election.

My military address is: _____

Transmission preference – If no preference is checked, any election correspondence will be transmitted by mail. I would like to receive my military ballot application and military ballot via (check one):

- ☐ Mail
- ☐ Facsimile Transmission to _____
- ☐ Email to _____@_____._____

This application must be received in the office of the District Clerk no later than 5:00 p.m. on the 26th day before the election. In order for a military ballot to be issued, a military ballot application must also be received in the office of the District Clerk no later than 5:00 p.m. on the 26th day before 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 Absentee Ballot, I shall be guilty of a misdemeanor.

Date

Signature

Name (Please Print)

Local Residence Address, including Street &
Number, Rural Deliver, Route and Town

Please send completed forms to: Office of the District Clerk, 33 Schoolhouse Road, Jeffersonville, NY 12748