

Cohoes City School District
APPLICATION FOR ABSENTEE BALLOT



Application must be received by the District Clerk no earlier than thirty (30) days before the election. Applications must be received no later than seven (7) days before the election if the ballot is to be mailed to the voter, or no later than the day before the election if the ballot is to be delivered personally to the voter or their designee.

State of New York
County of Albany

I, _____, with a date of birth of _____, and
being affirmed say: I reside at _____.

I am a qualified and registered voter of the Cohoes City School District in which I reside in that I am or will be eighteen (18) years of age or over on May 16, 2023, a citizen of the United States and have or will have resided in the district for thirty (30) days next preceding May 16, 2023, and I am registered in the district.

I will be unable to appear to vote in person during all hours on the day of the School District election for which the absentee ballot is requested because I am or will be on such day:

(Complete one of the following subdivisions):

- 1. absent from the county of my residence
- 2. unable to appear at the polling place because of illness or physical disability, or duties related to the primary care of one or more individuals who are ill or physically disabled, or because I am or will be a patient in a hospital
- 3. an inmate or patient of a veteran's administration hospital
- 4. absent from my voting residence because I am detained in jail awaiting action by a grand jury, or awaiting trial, or confined in jail or prison after a conviction for an offense other than a felony.

Delivery of School District Election Ballot (check one)			
<input type="checkbox"/> Deliver to me in person at the school district.			
<input type="checkbox"/> I authorize (give name): _____ to pick up my ballot at the school district.			
<input type="checkbox"/> Mail ballot to me at (mailing address): _____			
<hr/>			
Address	City	State	Zip

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 STATEMENTS IN THE FOREGOING STATEMENT OF APPLICATION FOR ABSENTEE BALLOTS, I SHALL BE GUILTY OF A MISDEMEANOR.

Signature of Voter or Mark

Date

Please feel free to drop off your application at the District Office **OR** you can mail it to the following address:
Cohoes City School District, Attn: District Clerk, 21 Page Avenue, Cohoes, NY 12047