



**COOPERSTOWN CENTRAL SCHOOL DISTRICT  
 ABSENTEE BALLOT APPLICATION  
 May 18, 2021 Budget Vote & School Board Member Election**

**Please print clearly and return to:**

Clerk of the Board of Education  
 39 Linden Avenue  
 Cooperstown, NY 13326

1. Name: \_\_\_\_\_

Residence Address: (No PO Boxes) \_\_\_\_\_

City: \_\_\_\_\_ State: NY, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone/Email (optional): \_\_\_\_\_

2. **I am requesting, in good faith, an absentee ballot due to:** check ONLY ONE

- |   |  |
|---|--|
| <input type="checkbox"/> Absence from County of my residence on such day.   | <input type="checkbox"/> Primary caregiver for ill or disabled person(s).  |
| <input type="checkbox"/> Temporary illness or physical disability.          | <input type="checkbox"/> Patient in a hospital.  |
| <input type="checkbox"/> Permanent illness or disability. (Skip Section 3*) | <input type="checkbox"/> Detention in jail or prison, awaiting action by a grand jury or trial, or confined in jail for an offense which was not a felony. |
- \* A Permanent absentee status qualifies you to automatically receive an absentee ballot for each election you qualify for without a new application.

3. **Delivery of ballot(s):** check only one

Mail ballot(s) to:

\_\_\_\_\_

Street # and name (or PO Box)                      apt.      city                      state                      zip

I authorize: \_\_\_\_\_ to pick up my ballot at the District Office.  
 ↑ Print name of designee ↑

4. **Applicant must sign or mark below:**

I certify that I am a qualified voter of the Cooperstown Central School District, and that the information in this application is true and correct and that this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn:

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      Signature of Voter: \_\_\_\_\_

**Only Complete** – If applicant is unable to sign because of illness, physical disability, or inability to read, the following statement must be executive: By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read. I had made, or have the assistance in making, my mark in lieu of my signature. (NO power of attorney or preprinted name stamps allowed.)

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      Name of Voter: \_\_\_\_\_ Mark: \_\_\_\_\_

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a martial false statement, shall subject me to the same penalties as if I had been duly sworn.

\_\_\_\_\_  
 (address of witness to mark)

\_\_\_\_\_  
 (signature of witness to mark)

Instructions:

**Who may apply for an absentee ballot?**

Each person must apply for themselves. It is a felony to make a false statement in an application for an absentee ballot, to attempt to cast an illegal ballot, or to help anyone to cast an illegal ballot.

**Where and when to return your application:**

Applications must be returned in the postage-paid envelop provided by May 7, 2021 (seven days before the election), or hand-delivered to the Clerk of the Board of Education by the day before the election.

**When your ballot will be sent:**

Your absentee ballot materials will be sent to you as soon as your completed and signed application is received and processed. If you prefer, you may designate someone to pick up your ballot for you by completing the required information in Section 3 as appropriate. Contact the Wendy Lansing, Clerk of the Board of Education if you have not received your ballot.

Cooperstown Central School District

39 Linden Avenue

Cooperstown, NY 13326

(607)547-5364

[wlansing@cooperstowncs.org](mailto:wlansing@cooperstowncs.org)

[www.cooperstowncs.org](http://www.cooperstowncs.org)