

Orchard Park Central School District

Absentee Ballot Application

May 18, 2021

Thank you for your request for an Absentee Ballot. This application must be received by the District Clerk at least 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 delivered personally to the voter.

1. **I am requesting an absentee ballot due to (Mark only one oval):**

- absent from Erie County on May 18, 2021 due to work or vacation
- temporary illness or physical disability
- permanent illness or physical disability
- duties related to primary care of one or more individual who are ill or physically disabled in which I reside with
- resident or patient of a Veteran's Health Administration hospital
- detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for conviction of a crime or offense which was not a felony
- public health emergency (COVID-19 pandemic)

Voter Information

2. Last Name (Required)

3. First Name (Required)

4. Middle Initial

5. Phone Number

6. Email

7. Address - Street (Required)

8. Address – City & Zip (Required)

Delivery of Election Ballot

9. Please select your method of delivery.

Mark only one oval.

Mailballot to address as listed above

Pick up Ballot at District Office (please note that the ballot must be picked up in person by the applicant)

Mail Ballot to my Temporary Address as follows:
Address – Street, City & Zip (Required)

Voter Validation

10. I hereby certify that I am a qualified voter of the Orchard Park Central School district meaning I am or will be on such date, over 18 years of age, a citizen of the United States and have or will have resided in the district for thirty days preceding such date. 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.

Mark the oval and sign below.

I certify that the above statement is true

Signature of Voter: _____

Return completed application to:

Via Mail or in Person: Attn: OPCSD District Clerk, 2240 Southwestern Blvd, West Seneca, NY 14224

Via Email: cconnors@opschools.org

Via Fax: (716) 209-6353