

Hauppauge Union Free School District



Application for Military Ballot

Please print clearly.

This application must be received by the Office of the School District Clerk, or appropriate official designated by the school district public library, as applicable, not later than 5:00 PM on the twenty-sixth (26th) day before the election for all school districts and school district public libraries, except city school districts with less than 125,000 inhabitants in which case the application must be received not later than 5:00 PM on the fifteenth (15th) day before the election.

1.	I am requesting, in good faith, a military ballot because (check one reason):
	<input type="checkbox"/> I am in military service and by reason of such military service will be absent on the day of the election
	<input type="checkbox"/> I am in military service and will be discharged from such military service within 30 days of the election
	<input type="checkbox"/> I am the (check one) ___ spouse, ___ parent, ___ child, or ___ dependent of such qualified military voter accompanying or being with the qualified military voter and am also a qualified voter and resident of the same school district

2.	Name:
	<div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between;"><div>last name or surname</div><div>first name</div><div>middle initial</div><div>suffix</div></div>

3.	Residential Address in School District:
	<div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between;"><div>street address</div><div>city, town, village</div><div>state</div><div>zip code</div></div>

4.	Military Address:
	<div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between;"><div>street address</div><div>city</div><div>state</div><div>zip code</div></div>

5.	Preference for Receiving Military Ballot (check one):
	<input type="checkbox"/> Mail (specify Residential or Military Address) _____
	<input type="checkbox"/> Email (provide email address) _____
	<input type="checkbox"/> 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, and I understand that if I make any material false statement in the foregoing statement of application for ballots, I shall be guilty of a misdemeanor.
	Signature of Voter _____ Date _____

