

New Lebanon Central School District
14665 State Route 22, New Lebanon, NY 12125

Kelly Malloy, District Clerk
kmalloy@newlebanoncsd.org
 Absentee Ballot Application

This application must be received by the District Clerk no earlier than the thirtieth day before the election for which an absentee ballot is sought; at least seven days before the election if the ballot is to be mailed to the voter; or not later than the day before the election if it is delivered in person.

For Office Use Only:	
Ballot Mailed	___/___/___
Ballot Picked Up:	___/___/___
Voted in Office:	___/___/___
Application Denied:	___/___/___

I am requesting, in good faith, an absentee ballot for the 6/16/2026 New Lebanon Central School District election due to (check one reason):

- Absence from county on the day of the election
- Temporary Illness or Physical Disability
- Permanent Illness or Physical Disability
- Duties related to primary care of one or more individuals who are ill or physically disabled
- Resident or patient of a Veterans Health Administration Hospital
- Detention in jail/prison, awaiting trial, awaiting action by a grand jury, or confined in prison after conviction for offense other than a felony

last name	first name	Middle initial	suffix
date of birth	phone number	email	
address where you live (residence)			
street	city	state	zip code

Delivery of Election Ballot (check one):

<input type="checkbox"/> Deliver to me in person at the District Clerk's Office
<input type="checkbox"/> Mail Ballot to me at this address: _____ _____
<input type="checkbox"/> I authorize _____ to pick up my ballot at the District Clerk's Office

APPLICANT MUST SIGN BELOW

I am a qualified voter of the New Lebanon Central School District in that I am, or will be on the date of the election, over 18 years of age, a citizen of the U.S., and have or will have resided in the district for thirty days preceding the election. I am registered in the district. 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.

Sign Here: X _____ **Date** ___/___/___

ONLY TO BE COMPLETED BY PERSON WHO SIGNS WITH AN "X"

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 have made, or have received assistance in making, my mark in lieu of my signature.

Date: ___ / ___ / ___ Name of Voter: _____ Mark: _____

I, the undersigned, hereby certify that the above named voter affixed his/her mark to this application in my presence and I know him/her to be the person who affixed his/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 material false statement, shall subject me to the same penalties as if I had been duly sworn.

Signature of Witness

Address of Witness