



**Brentwood**  
Public Library

## Application for Military Ballot

Please print clearly.

BE ADVISED: Military voters must submit a separate military ballot application for each election at which they wish to cast a vote, except any necessary budget revote.

This application must be returned by mail or in person to the Office of the School District Clerk, Anthony F. Felicio Administrative Center, 52 Third Avenue, Brentwood, NY 11717, or by email to the District Clerk: [khoey@bufsd.org](mailto:khoey@bufsd.org) not later than 5:00 PM on March 8, 2024.

|    |  |  |  |  |
|----|--|--|--|--|
| 1. | I am requesting, in good faith, a military ballot because (check all of the boxes that apply): |  |  |  |
|    | <input type="checkbox"/>   | I am a qualified voter of the Brentwood Public Library and am registered to vote in the District   |  |  |
|    | <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:                |            |                |        |
|    | _____                | _____      | _____          | _____  |
|    | last name or surname | first name | middle initial | suffix |

|    |   |
|----|---|
| 3. | Residential Address in School District: |
|----|---|

\_\_\_\_\_

street address

\_\_\_\_\_

city, town, village

\_\_\_\_\_

state

\_\_\_\_\_

zip code

**4.** Military Address:

\_\_\_\_\_

street address

\_\_\_\_\_

city

\_\_\_\_\_

state

\_\_\_\_\_

zip code

**5.** Preference for Receiving Military Ballot (check one):

- ☐ Mail (specify Residential or Military Address) \_\_\_\_\_
- ☐ Email (provide email address) \_\_\_\_\_
- ☐ 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 \_\_\_\_\_

\* Defined as "the military service of the state, or of the United States, including the army, navy, marine corps, air force, coast guard, merchant marine and all components thereof, and the coast and geodetic survey, the public health service, the national guard when in the service of the United States pursuant to call as provided by law, and the cadets or midshipmen of the United States Military Academy, United States Naval Academy, United States Air Force Academy and United States Coast Guard Academy."