



Cheektowaga-Sloan Union Free School District
166 Halstead Ave.
Sloan, NY 14212

Military Ballot Application

Date: _____

Full Name: _____

Residence (in the school district):

Military Address:

I am requesting a military ballot for the following reason (please select one):

- The military voter is in military service and by reason of such military service will be absent on the day of the election, or the military voter will be discharged from such military service within 30 days of the election; or
- The military voter is an eligible spouse, parent, child or dependent of a military voter

I would like to receive the military ballot by (please select one):

- Mail (Address: _____)
- Fax (Fax Number: _____)
- E-Mail (E-Mail Address: _____)

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 ballot, I shall be guilty of a misdemeanor.

Date: _____

Signature: _____