

OCM BOCES Capital Referendum - Nov. 19, 2025

Absentee Ballot Application

Please print clearly.

This application may only be used by qualified voters (at least 18 years old and a U.S. citizen) who reside in an OCM BOCES component district for 30 days prior to the referendum. If the application requests the absentee ballot be mailed, the application must be received by the BOCES clerk not later than 7 days before the vote. Otherwise, the application may be personally delivered to the BOCES clerk not later than the day before the election. Applications may not be submitted more than 30 days prior to the election. If you are qualified for absentee voting and issued an absentee ballot, the ballot itself must be received by the BOCES clerk by 5 p.m. on the day of the vote in order to be canvassed.

1	I am requesting, in good faith, an absentee ballot due to (check one reason): <table border="0"><tr><td>☐ Absence from the country on the day of the vote</td><td>☐ Resident or patient of Veterans Health Administration Hospital</td></tr><tr><td>☐ Temporary illness or physical disability</td><td>☐ 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</td></tr><tr><td>☐ Permanent illness or physical disability</td><td></td></tr><tr><td>☐ Duties related to primary care of one or more individuals who are ill or physically disabled</td><td></td></tr></table>				☐ Absence from the country on the day of the vote	☐ Resident or patient of Veterans Health Administration Hospital	☐ Temporary illness or physical disability	☐ 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	☐ Permanent illness or physical disability		☐ Duties related to primary care of one or more individuals who are ill or physically disabled	
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2	absentee ballot(s) requested for the following school district election(s) <table border="0"><tr><td>☐ Annual election and budget vote</td><td>☐ Budget re-vote</td><td>☒ Special district/BOCES election or referendum</td></tr><tr><td colspan="3">☐ Any election held between these dates: absence begins: ____/____/____ absence ends: ____/____/____</td></tr></table>				☐ Annual election and budget vote	☐ Budget re-vote	☒ Special district/BOCES election or referendum	☐ Any election held between these dates: absence begins: ____/____/____ absence ends: ____/____/____				
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3	Last name or surname	First name	Middle initial	Suffix								
4	Date of birth ____/____/____	School district where you reside	Phone number (optional)	Email (optional)								
5	Address where you live (residence) street		Apt	City	State NY	Zip Code						
6	Delivery of Absentee Ballot (check one) <table border="0"><tr><td>☐ Deliver to me in person at office of BOCES clerk at OCM BOCES, 110 Elwood Davis Rd., Liverpool, NY 13088.</td></tr><tr><td>☐ I authorize (give name): _____ to pick up my ballot at the office of the BOCES clerk.</td></tr><tr><td>☐ Mail ballot to me at: (mailing address)</td></tr></table> _____ street no. street name apt. city state zip code					☐ Deliver to me in person at office of BOCES clerk at OCM BOCES, 110 Elwood Davis Rd., Liverpool, NY 13088.	☐ I authorize (give name): _____ to pick up my ballot at the office of the BOCES clerk.	☐ Mail ballot to me at: (mailing address)				
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Applicant Must Sign Below												
7	I certify that I am a qualified voter. 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. Date _____ Signature of Voter _____											

If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed: 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 the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.)

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

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or 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 to mark)

(address of witness to mark)



Instructions

Who may use this application for an absentee ballot?

You may use this application if you are a qualified voter. You may only apply for an absentee ballot on your own behalf.

Who is a qualified voter?

You are qualified to vote if you are:

- a citizen of the United States;
- at least 18 years of age, and
- a resident within an OCM BOCES component district for a period of at least 30 days prior to the referendum vote.

Information for military voters:

Do **not** use this application if you are:

- a qualified voter who will be absent from your residence on the day of the vote as a result of actual military service;
- a qualified voter who has been discharged from actual military service within 30 days of the vote in which you seek to vote; or
- the spouse, parent, child, or dependent of a military voter as set forth above who is accompanying such military voter and who is qualified to vote in the same school district as the military voter.

If you meet any of the above criteria, you are entitled to special provisions if you apply for a military ballot. Please contact the BOCES clerk to receive the appropriate application form.

Where and when to return this application:

If you request that the absentee ballot be mailed to you, your application must be received by the BOCES clerk no later than 7 days before the vote for which you seek an absentee ballot. Otherwise, you may personally deliver your application to the BOCES clerk no later than the day before the vote.

When your absentee ballot will be sent to you:

If you request that the absentee ballot be mailed to you, the BOCES clerk will mail your ballot by regular mail no later than 6 days prior to the vote. Otherwise, the BOCES clerk will deliver your ballot to you or your agent, as designated on your application, when you or your agent appears in the BOCES clerk's office.

For your ballot to be canvassed, it must be received by the BOCES clerk by 5 p.m. on the day of the vote.

Ballots can be mailed to:

OCM BOCES Clerk Theresa Smith
PO Box 4754
Syracuse, NY 13221

Or delivered in person to:

OCM BOCES Clerk Theresa Smith
110 Elwood Davis Road (administrative entrance)
Liverpool, NY 13088