



## BYRAM HILLS SCHOOL DISTRICT

10 Tripp Lane, Armonk, New York 10504  
914-273-4198, Ext. 5930 Fax: 914-273-4199

*Kelly E. Seibert*  
*Assistant Superintendent for Business and Management Services*  
*District Clerk*

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March 2022

Dear Voter:

Enclosed is the Application for Absentee Ballot for the May 17, 2022 School Budget Vote and Election of School Board Trustees. Please be sure to fill out both pages of the application and return it with an original signature. *The actual ballots will not be able to be distributed until after the Board of Education adopts the budget on April 19, 2022.*

I must receive this application at least seven (7) days before the election (May 10) if the ballot is to be mailed to you. If someone will be personally picking up the ballot at the District Office, then the application may be submitted up to the day before the election (May 16). The ballot must be returned to me by 5:00 p.m. May 17, 2022.

If you have any questions, you may contact Mary Jones at 914-273-4198, ext. 5930.

Sincerely,

Kelly E. Seibert  
District Clerk

Enclosure

### Application for Absentee Ballot

Application must be received by the District Clerk at least 7 days before the election if the ballot is to be mailed to the voter, or the day before the election, if the ballot is to be delivered personally to the voter.

State of New York }  
City or Town of } ss.:  
County of **Westchester**

I, \_\_\_\_\_ being affirmed say:

I reside at \_\_\_\_\_ Street number (if any) or town

and rural delivery route (if any)

I am a qualified voter of the School District in which I reside in that:  I am or will be on such date, over 18 years of age, a citizen of the United States and have or will have resided in the district for thirty days next preceding such date  
 I am registered in the district.

I will be unable to appear to vote in person on the day of the School District election for which the absentee ballot is requested because I am or will be on such day:

(Complete one of the following subdivisions)

**A.**

A patient in a hospital, or unable to appear personally at the polling place on such day because of illness or physical disability, **or fear of contracting or spreading Covid-19.**

**B.**

Because my duties, occupation, business or studies will require me to be outside of the county or city of my residence on such day.

1. Where such duties, occupation, business or studies are of such a nature as ordinarily to require such absence, a brief description of such duties, occupation, business or studies shall be set forth (description):

\_\_\_\_\_  
\_\_\_\_\_

2. Where such duties, occupation, business or studies are not of such a nature as ordinarily to require such absence, a statement must be given for the special circumstances to account for such absence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C.**

I will be on vacation elsewhere on such day.

I expect that such vacation will begin on \_\_\_\_\_ Date

and end on \_\_\_\_\_ Date

and will be at the following named place or places. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

or self employed as a \_\_\_\_\_ Located at \_\_\_\_\_

or retired as of (date) \_\_\_\_\_

**D.**

I will be absent from my voting residence because

- I am detained in jail awaiting action by grand jury.
- I am awaiting trial.
- I am confined in a prison after conviction for an offense other than a felony.

**E.**

I am entitled to vote as an absentee voter in that I expect to be absent from the School District on the day of the School District election by reason of accompanying or being with the (check one)  spouse,  parent,  or child of, and reside in the same household with a person qualified to apply in that such a person (check one)  will be absent from the county of his residence due to his duties, occupation, business or studies and such absence is not caused by the fact that his regular daily place of business or studies is located outside such county, or  will be absent due to vacation,  a patient at a hospital,  detained in jail,  confined due to illness or physical disability.

The person through whom I claim to be so entitled (check one)  has  has not applied for an absentee ballot.

**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 STATEMENTS IN THE FOREGOING STATEMENT OF APPLICATION FOR ABSENTEE BALLOTS, I SHALL BE GUILTY OF A MISDEMEANOR.**

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Date

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Signature of Voter or Mark

**Please return completed application to:**

**Mr. Kelly E. Seibert  
District Clerk  
Byram Hills Central School District  
10 Tripp Lane  
Armonk, NY 10504**

THE TWO-PAGE APPLICATION WITH AN ORIGINAL SIGNATURE MUST BE RETURNED BY MAIL OR IN PERSON.

BY LAW, NO SCANNED DOCUMENTS WILL BE ACCEPTED.  
BY LAW, NO FAXES WILL BE ACCEPTED.