FAYETTEVILLE-MANLIUS CENTRAL SCHOOL DISTRICT
8199 EAST SENECA TURNPIKE, MANLIUS, NEW YORK 13104-2140

APPLICATION FOR ABSENTEE BALLOT: F-M FOUNDATIONS- CAPITAL PROJECT VOTE
(For a military ballot application, please contact the District Clerk at (315) 692-1200 or districtclerk@fmschools.org)

IN ORDER TO QUALIFY FOR FILING AN ABSENTEE BALLOT THE FOLLOWING INFORMATION IS REQUIRED:

Name_____

Telephone No. (optional) _____

Date of Birth: _____

Permanent Residence Address: Street Address_____

City, State, Zip_____

I DECLARE that I am, or will be on December 15, 2026, a qualified voter of the Fayetteville-Manlius School District ("District"), that I am, or will be on such date, over eighteen (18) years of age, a citizen of the United States and have, or will have, resided in the District for thirty (30) days preceding such date.

I DECLARE that I will be unable to vote in person on December 15, 2026 because I will be on such day:
(NOTE: It is MANDATORY to indicate the reason by checking the appropriate box below and completing any required description)

☐ a patient in the hospital, including a veteran's administration hospital, or unable to appear personally at the polling place because of illness or physical disability.

☐ Unable to appear personally at the polling place because of illness or physical disability, or because of duties related to the primary care of one or more individuals who are ill or physical disabled.

☐ absent from the county of residency.

☐ detained in jail awaiting action by a grand jury or awaiting trial or confined in jail or prison after conviction of an offense other than a felony. My place of detention is:
_____.

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 _____
(ink signature required)

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 I 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 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.

_____ _____

Address of Witness Witness Signature

If the absentee ballot is to be mailed, this application must be received by the District Clerk, or designee, no later than 4 PM on **December 8, 2026**. If the absentee ballot is to be personally delivered, this application must be received by the District Clerk, or designee, before 4 PM on **December 14, 2026.**

RETURN APPLICATIONS TO:

Sarah Gridley, District Clerk
Fayetteville-Manlius Central School District
8199 East Seneca Turnpike
Manlius, NY 13104