



LONGWOOD CENTRAL SCHOOL DISTRICT

LANCE LOHMAN, Ed.D. • SUPERINTENDENT OF SCHOOLS

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BOARD OF EDUCATION
35 Yaphank-Middle Island Road, Middle Island, NY 11953-2373
www.longwood.k12.ny.us
631-345-2795

Lillian M. Pizzolo, District Clerk

Kathryn Scott, District Treasurer

March 2026

Dear District Resident:

Attached is an **Application for an Absentee Ballot** in reference to the Longwood Library Annual Trustee Election and Vote to be held on **Tuesday, April 14, 2026**. This application must be filled out and signed in order to for you to receive an Absentee Ballot. **Absentee Ballot Applications cannot be submitted earlier than March 16, 2026.**

In accordance with Education Law 2018-A, the District Clerk must receive this **application by April 7, 2026 if the Absentee Ballot is to be mailed to the voter.**

Further, you can hand deliver the application to my office at **35 Yaphank Middle Island Road, Middle Island, NY 11953** and complete an Absentee Ballot, after **March 16, 2026 from 8:30 a.m. to 2:30 p.m.** (Please call first to be sure that I am in my office).

If you have any questions, please call me at 631-345-2795.

Sincerely,

**Lillian M. Pizzolo
District Clerk**

*Amp
Encl.*

Longwood Public Library Absentee Ballot Application

Annual Budget Vote and Board of Trustees Election

Please print clearly.

This application may only be used for library district elections by qualified voters who reside in a library district that provides for personal registration of voters. If the application requests the absentee ballot be mailed, the application must be received by the district clerk not later than 7 days before the election for which the absentee ballot is sought. Otherwise, the application may be personally delivered to the district 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 school district clerk by 5 p.m. on the day of the election in order to be canvassed.

1 I am requesting, in good faith, an absentee ballot due to (check one reason):

- | | |
|---|--|
| <input type="checkbox"/> Absence from county on election day | <input type="checkbox"/> Resident or patient of Veterans Health Administration Hospital |
| <input type="checkbox"/> Temporary illness or physical disability | <input type="checkbox"/> 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 |
| <input type="checkbox"/> Permanent illness or physical disability | |
| <input type="checkbox"/> Duties related to primary care of one or more individuals who are ill or physically disabled | |

2 absentee ballot(s) requested for the following library district election(s)

- Annual election and budget vote
- Any election held between these dates: absence begins: ___/___/___ absence ends: ___/___/___

3 Last name or surname	First name	Middle initial	Suffix
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4 Date of birth ___/___/___	School district where you reside	Phone number (optional)	Email (optional)
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5 Address where you live (residence) street	Apt	City	State	Zip Code
			NY	

6 Delivery of Library District Absentee Ballot (check one)
<input type="checkbox"/> Deliver to me in person at office of school district clerk.
<input type="checkbox"/> I authorize (give name): _____ to pick up my ballot at the office of the school district clerk.
<input type="checkbox"/> Mail ballot to me at: (mailing address)
street no. street name apt. city state zip code

Applicant Must Sign Below

7 I certify that I am a qualified and registered 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.

(address of witness to mark)

(signature of witness to mark)