Library District
Early Mail Ballot Application

Please print clearly

This application may only be used for library district elections by qualified voters. If the application requests the early mail ballot be mailed, the application must be received by the election district clerk not later than seven (7) days before the election for which the early mail ballot is sought. Otherwise, the application may be personally delivered to the election clerk not later than the day before the election. Applications may not be submitted more than 30 days prior to the election**.** If you receive an early mail ballot, the ballot itself must be received by the election clerk by 5:00 p.m. on the day of the election in order to be canvassed.

1 Early mail ballot(s) requested for the following library district election(s)

☐ Annual election and budget vote ☐ Budget re-vote ☐ Special district election or referendum

2

Last name or surname	First name	Middle initial	Suffix

3

Date of birth	School district where you reside	Phone number (optional)	Email (optional)
_____/ _____/ _____			

4

Address where you live (residence) street	Apt	City	State	Zip Code
			NY	

5 Delivery of Early Mail Ballot (check one)

☐ Deliver to me in person at office of election district clerk.

☐ I authorize (give name): _____ to pick up my ballot at the office of the election district clerk.

☐ Mail ballot to me at: (mailing address)

street no.	street name	apt.	city	state	zip code

Applicant Must Sign Below

6 I certify that I am, or will be on the date of the election/vote, a qualified and registered voter; I am a citizen of the United States; I have resided in the district for 30 days as of the date of the election; 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 an early mail ballot, 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 early mail 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)