ELMSFORD UNION FREE SCHOOL DISTRICT EARLY VOTING BALLOT APPLICATION

PLEASE PRINT CLEARLY.

This application may only be used for school district elections by qualified voters who reside in a school district that provides for personal registration of voters. To receive an early mail ballot: **In-Person** – Application must be personally delivered to the District Clerk not later than the day before the election. **By mail** – Application must be received by the District Clerk not later than 7 days before the election. Applications may not be submitted more than 30 days prior to the election. If you are qualified for early mail voting and issued a ballot, the ballot itself must be received by the School District Clerk by 5 PM on the day of the election to be canvassed.

1 **Early mail ballot(s) requested for the following school district election:**
- ☐ Annual election and budget vote only
- ☐ Budget re-vote only
- ☐ Special district election or referendum only
- ☐ All elections this year

2

Last name or surname	First name	M. Initial	Suffix

3

Date of Birth ___ / ___ / ___	School district where you reside	Phone number	Email

4 Address where you live (residence) STREET   APT.   CITY   STATE   ZIP
NY

5 Delivery of Annual Election Early Mail Ballot (check one):
- ☐ Deliver to me in person at the Office of School District Clerk
- ☐ I authorize (give name) : _____ to pick up my ballot at the Office of School District Clerk.
- ☐ Mail ballot to me at this address:

_____
   Street no.   Street name   Apt.   City   State   Zip

6 Delivery of Budget Re-vote/Special Election Early Mail Ballot (check one):
- ☐ Deliver to me in person at the Office of School District Clerk
- ☐ I authorize (give name) : _____ to pick up my ballot at the Office of School District Clerk.
- ☐ Mail ballot to me at this address:

_____
   Street no.   Street name   Apt.   City   State   Zip

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 early voting ballots, I shall be guilty of a misdemeanor.**

DATE _____   **SIGNATURE OF VOTER** _____

If applicant is unable to sign because of illness, physical disability of 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.

_____   _____
        (Print name of witness to mark)   (Signature of witness to mark)

                                                 _____
                                                   (Address of witness to mark)