

School District Early Mail Ballot Application

PLEASE RETURN THIS APPLICATION TO
 NAME: LISA M CERNIGLIA
 DISTRICT CLERK
 NAME: HIGHLAND CSD
 Address: 320 PANCAKE HOLLOW ROAD

Please print clearly. See detailed instructions.

Applications cannot be received more than thirty days before the vote.

To receive an early mail ballot:

In-Person – Application must be personally delivered to your District Clerk not later than the day before the election.

By Mail – Application must be received by the District Clerk not later than the 7th day before the vote.

The ballot itself must be received by the District Clerk by 5:00 p.m. on the day of the vote.

1. **Early mail ballot(s) requested for the following elections(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 School District Early Mail Ballot (check one)**
 Deliver to me in person at office of school district clerk
 I authorize (give name): _____ to pick up my ballot at the office of the school district clerk
 Mail ballot to me at: (mailing address)

 Street no. street name apt. city state zip code

6. **Applicant Must Sign Below**
 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 materially 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 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)