CHAPPAQUA CENTRAL SCHOOL DISTRICT
EARLY MAIL VOTER BALLOT APPLICATION
ANNUAL DISTRICT MEETING (SCHOOL DISTRICT & LIBRARY BUDGET VOTE AND ELECTION)

PLEASE PRINT CLEARLY.

This application may only be used for school district votes by qualified voters who reside in a school district that provides for personal registration of voters. If the application requests the early mail voter ballot be mailed, the application must be received by the District Clerk, Chappaqua Central School District, 66 Roaring Brook Road, Chappaqua, NY 10514, not later than 7 days before the election for which the early mail 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 early mail voting and issued an early mail ballot, the ballot itself must be received by the District Clerk by 5 PM on the day of the election (May 19, 2026) in order to be canvassed.

1 **I am requesting an Early Mail Voter Ballot for the Annual District Meeting (School District & Library Budget Vote and Election) to be held on May 19, 2026**

2 You must complete the following information

3

Last name or surname	First name	M. Initial	Suffix

4

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

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

NY

6 Delivery of Absentee Ballot (check one)

___ Deliver to me in person at Office of School District Clerk.
___ I authorize (give name) : _____ to pick up my ballot at 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 mail voter ballot, 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 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 had 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 their mark to this application in my presence and I know the voter to be the person who affixed their 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)