# West Irondequoit Central School District

321 LIST AVENUE
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## APPLICATION for EARLY MAIL BALLOT

Date of Vote: **May 19, 2026**

Name (Please Print): _____

District Address: _____

City: _____ Zip Code: _____

I am, or will be, on May 19, 2026, a qualified voter of the West Irondequoit Central School District because I will be at least eighteen years of age, a citizen of the United States, and will have resided in the West Irondequoit Central School District for at least thirty days next preceding May 19, 2026.

I wish to receive an Early Mail Ballot for purposes of casting my vote(s).

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 application for early mail ballot, I will be guilty of a misdemeanor.

_____ _____

DATE SIGNATURE OF VOTER (Applicant)

_____

PHONE

**THIS APPLICATION MUST BE RECEIVED BY THE DISTRICT CLERK AT LEAST SEVEN (7) DAYS BEFORE THE VOTE IF THE BALLOT IS TO BE MAILED TO THE VOTER, OR THE DAY BEFORE THE VOTE, IF THE BALLOT IS TO BE PICKED UP PERSONALLY BY THE VOTER. EARLY MAIL BALLOTS CANNOT BE TRANSMITTED VIA E-MAIL OR FAX.**