

**WARWICK VALLEY CENTRAL SCHOOL DISTRICT  
EARLY MAIL VOTER BALLOT APPLICATION  
ANNUAL MEETING (BUDGET VOTE AND ELECTION) – MAY 19, 2026**

**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, 225 West Street, Warwick, NY 10990, not later than 7 days before the vote 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 vote. Applications may not be submitted more than 30 days prior to the vote. 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 vote (May 19, 2026) in order to be canvassed.

<b>1</b>	I am requesting an Early Mail Voter Ballot for the Annual School District Meeting and Election to be held on May 19, 2026
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<b>2</b>	You must complete the following information
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<b>3</b>	Last name or surname	First name	M. Initial	Suffix
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<b>4</b>	Date of Birth / /	School district where you reside	Phone number	Email
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<b>5</b>	Address where you live (residence)	STREET	APT.	CITY	STATE	ZIP
					NY	

<b>6</b>	Delivery of Early Mail Ballot (check one) <input type="checkbox"/> Deliver to me in person at Office of School District Clerk. <input type="checkbox"/> I authorize (give name) : _____ to pick up my ballot at Office of School District Clerk. <input type="checkbox"/> Mail ballot to me at this address:  _____ Street no.      Street name                                      Apt.      City                                      State      Zip
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**APPLICANT MUST SIGN BELOW**

<b>7</b>	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.  <b>DATE</b> _____ <b>SIGNATURE OF VOTER</b> _____
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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 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)