

# MAMARONECK UFSD

## School District

### Early Mail Ballot Application

(for School District Elections, Budget Votes and Referenda)

PLEASE RETURN THIS APPLICATION TO  
JOANNE RICE, DISTRICT CLERK 914-220-3007  
Mamaroneck UFSD  
1000 West Boston Post Road  
Mamaroneck, NY 10543

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. If the application requests an early mail ballot be mailed, the application must be received by the district clerk 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.** The ballot must be received by the school district clerk by 5 p.m. on the day of the election in order to be canvassed.

1	<b>Early Mail Ballot(s) requested for the following election (check one reason):</b>			
	<input type="checkbox"/> Annual election and budget vote (May)			
	<input type="checkbox"/> School Budget Re-Vote (June)			
	<input type="checkbox"/> Special District Election or Referendum			

2	Last name or surname	First name	Middle initial	Suffix

3	Date of birth - MM/DD/YYYY	School district where you reside	Phone number (optional)	Email (optional)

4	Address where you live (residence) street	Apt	City	State	Zip Code
				<b>NY</b>	

5	Delivery of School District 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 the office of the school district clerk.					
	<input type="checkbox"/> Mail ballot to me at: (mailing address)					
_____						
Street No.      Street Name      Apt      City      State      Zip Code						

#### Applicant Must Sign Below

6	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 early mail voter, 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 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 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.

\_\_\_\_\_  
(address of witness to mark)

\_\_\_\_\_  
(signature of witness to mark)

Please indicate your neighborhood school voting area:

Central School \_\_\_\_\_ Chatsworth Avenue School \_\_\_\_\_  
Mamaroneck Avenue School \_\_\_\_\_ Murray Avenue School \_\_\_\_\_

## **Instructions:**

### **Who may apply for an early mail ballot?**

Each person must apply for themselves. It is a felony to make a false statement in an application for an early mail ballot, to attempt to cast an illegal ballot, or to help anyone to cast an illegal ballot. A vote who applies for and is issued an early mail ballot will not be eligible for an absentee ballot for the same election.

### **Who is a qualified voter?**

You are qualified to vote in your school district if you are:

- a citizen of the United States;
- at least 18 years of age; and
- a resident of the school district for a period of at least 30 days preceding the meeting or election at which you seek to vote.

### **Where and when to return your application:**

**Applications for an early mail ballot that will be delivered in-person at the District Clerks Office to the voter, or an agent of the voter must be received not later than the day before the election. Applications for a ballot to be delivered by mail to the voter must be received at the District Clerks Office no later than 7 days before the election.**

The address of the District Clerk is provided on the upper right hand of this form's first page .

**You may not submit your application more than 30 days prior to the election**

### **Options available to you if you have an illness or disability:**

You may sign the early mail ballot application yourself, or you may make your mark and have your mark witnessed in the spaces provided on the bottom of the application. Please note that a power of attorney or printed name stamp is not allowed for any voting purpose.

### **When your ballot will be sent:**

If you request that the early mail ballot, be mailed to you, the District Clerk will mail your ballot by regular mail no later than six days prior to the vote. Otherwise, the District Clerk will deliver your ballot to you, or your agent as designated on your application when you or your agent appears in the District clerk's Office

For your ballot to be canvassed, it must be received by the school District Clerk by 5:00 p.m. pm the day of the vote.