New York State School District Early Mail Ballot Application

(for School District Elections, Budget Votes and Referenda)

Please print clearly. See detailed instructions

This application may be used for any school election at which early vote by mail is authorized by law. If the application requests the early mail ballot to 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. If you are qualified for early mail voting and issued an early mail ballot, the ballot itself must be received by the school district clerk by 5p.m. on the day of the election in order to be canvassed.

Early mail ballot(s) requested for the following election(s):

☐ Annual election and budget vote ☐ Budget re-vote ☐ Special district election or referendum

Last name or surname	First name	Middle initial	Suffix

Date of birth MM/DD/YYYY	County where you live	Phone number (optional)	Email (optional)

Address where you are registered	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

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 application for early mail ballots, I shall be guilty of a misdemeanor.

Sign Here: X _____ **Date** ____/_____/_____ MM/DD/YYYY

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 illness or physical disability or because I am unable to read. I have made, or have received assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.

Date ___/___/___ Name of Voter: _____ Mark: _____
MM/DD/YYYY

I, the undersigned, hereby certify that the above named voter affixed their 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)

Clerk Use Only
2024 Early Vote By Mail Application – English