# **School District Early Mail Ballot Application**

Please print clearly. See detailed instructions.

Applications cannot be received more than thirty days before the vote.

To receive an early mail ballot:

PLEASE RETURN THIS APPLICATION TO ELLEN MCGOLDRICK, DISTRICT CLERK 845-457-2400 EXT. 18511 VALLEY CENTRAL SCHOOL DISTRICT 944 STATE RT. 17K MONTGOMERY, NY 12549

<u>In-Person</u> – Application must be personally delivered to your District Clerk not later than the day before the election. <u>By Mail</u> – Application must be received by the District Clerk not later than the 7<sup>th</sup> day before the vote.

The ballot itself must be received by the District Clerk by 5:00 p.m. on the day of the vote.

[					ing elections(s	):	]		
1.	<ul> <li>☑ Annual election and budget vote</li> <li>☑ Budget re-vote</li> <li>☑ Special district election or referendum</li> </ul>								
2.	Last name or surname				First name	Middle initial		Suffix	
3.	Date of Birth		School dist	rict where	you reside	Phone number (op	otional)	Email (opti	onal)
[	Address where	e you live (r	esidence) str	eet	Apt City	, St	ate	zip code	
4.	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):								
	Street no.	street na	me	apt.	cit	ty stat	e	zip code	
6.	Applicant Must Sign Below  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 materially false statement in the foregoing statement of application for an early mail ballot, I shall be guilty of a misdemeanor.  Date  Signature of Voter								
executed without	ant is unable to d: By mark, du assistance bed ade, or have t	uly witnesse cause I am	use of illnes ed hereund unable to w	ss, physica er, I hereb rite by rea	al disability or in by state that I a ason of my illne	nability to read, the m unable to sign m ess or physical disal signature. (No pov	y applica bility or b	ation for an pecause I an	early mail ballot n unable to read.
Date I, the und know hir accepted	// dersigned, her m or her to be	reby certify the persor ses as the e	that the ab who affixe equivalent o	d his or h	er mark to said	his or her mark to application and ur ntains a material fa	this app	d that this st	tatement will be
	(signature of witness to mark)								

(address of witness to mark)

#### 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.

#### Information for military voters:

If you are applying for an early mail ballot because you or your family are in the military, do not use this application. You are entitled to special legal provisions if you apply for a military ballot. For more information about military, contact the District Clerk to receive the appropriate application form.

# Where and when to return your application:

You may not submit your application more than 30 days prior to the election. Applications for an early mail ballot that will be delivered in-person at the office of the District Clerk 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 Clerk's office no later than 7 days before 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.

For your ballot to be canvassed, it must be received by the school district clerk by 5 p.m. on the day of the election.