

## Village Early Mail Ballot Application

**Please print clearly.** See detailed instructions.

To receive an early mail ballot: ***In-Person:*** Application must be personally delivered to the village clerk's office not later than the day before the election. *Election Law § 15-119(7).* ***By Mail:*** Application must be received by the village clerk's office not later than the 7th day before the election. *Election Law § 15-119(7).*

The ballot itself must be received by the village clerk's office no later than the close of polls on Election Day in order to be canvassed. **Mail to: 108 OLD SCHOOLHOUSE RD., NEW CITY, NY 10977**

<b>I am requesting an early mail ballot</b>					
<input type="checkbox"/> for the upcoming [Insert Election Month] village election. <input type="checkbox"/> for all remaining elections in the village in the calendar year.					
Last name		First name		Middle initial	Suffix
Date of birth MM/DD/YYYY	County where you live	Phone number (optional)	Email (optional)		
Address where you live (residence) street		Apt	Village	NY	Zip code
<b>Delivery of Early Mail Election Ballot(s) (check one)</b>					
<input type="checkbox"/> Deliver to me in person at village clerk's office <input type="checkbox"/> I authorize (given name): _____ to pick up my ballot from the village clerk. <input type="checkbox"/> Mail ballot to me at (mailing address): _____					
Street No.	Street Name	Apt	City	State	Zip
<b>Applicant Must Sign Below</b>					
I certify that I am a qualified and a registered voter and that the information in this application is true and correct and that this application 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.					
<b>Sign Here:</b> <u>  X  </u>			<b>Date:</b> _____		
			MM/DD/YYYY		
If applicant is unable to sign because of illness, physical disability, or inability to read, the following statement must be executed: 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.					
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 them 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.					
_____			_____		
Address of witness to mark			Signature of witness to mark		