

# SOUTH HUNTINGTON U.F.S.D. EARLY MAIL BALLOT APPLICATION



**PLEASE PRINT CLEARLY.**

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 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. 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 5 PM on the day of the election in order to be canvassed.

	<b>Early Mail Ballot(s) requested for the following election(s):</b>			
	<input type="checkbox"/> Annual election and budget vote <input type="checkbox"/> Budget re-vote <input type="checkbox"/> Special district election or referendum			
	Last name or surname		First name	
			M. Initial	Suffix
	Date of Birth	County Where You Live	Phone number (optional)	Email (optional)
	____/____/____			
	Address where you are registered	STREET	APT.	CITY
				STATE
				ZIP CODE
				NY

<b>5.</b>	Delivery of School District Early Mail Ballot (check one) <input type="checkbox"/> Deliver to me in person at the Office of School District Clerk.  <input type="checkbox"/> Mail ballot to me at this address:  <hr/> Street no.      Street name                                      Apt.      City                                      State      Zip
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**APPLICANT MUST SIGN BELOW**

<b>6.</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 ballots, 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 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:** \_\_\_\_\_

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.

_____	_____
(Print name of witness to mark)	(Signature of witness to mark)
	_____
	(Address of witness to mark)