



## Center Moriches Free Public Library Early Voting Ballot Application

Please print clearly

This application may only be used for school district public library elections by qualified voters who reside in a school district that provides for personal registration of voters. If the application requests the early voting ballot to be mailed, the application must be received by the library clerk not later than 7 days before the vote / election for which the early voting ballot is sought. Otherwise, the application may be personally delivered to the library clerk not later than the day before the election. Applications may not be submitted more than 30 days prior to the election. The ballot itself must be received by the library clerk by 5 p.m. on the day of the vote / election in order to be canvassed.

The early voting ballot is being requested for the following school district public library vote / election:					
<ul style="list-style-type: none"> <li>• Annual Election &amp; Budget Vote</li> <li>• Special District Vote or Referendum</li> <li>• Budget re-vote</li> </ul>					
Last Name		First Name		Middle Initial	Suffix
Date of Birth	School District where you reside		Phone Number (optional)		Email (optional)
Address where you live (residence) Street Apt City State Zip Code					
Delivery of School District Public Library Early Voting Ballot (check one)					
<ul style="list-style-type: none"> <li>• Deliver to me in person at office of the school district public library</li> <li>• I authorize (give name) _____ to pick up my ballot at the office of the library clerk</li> <li>• Mail ballot to me at: (mailing address)</li> </ul>					
_____					
Street No. Street name Apt. City State NY Zip Code					

### 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 material false statement in the application for early voting ballots, 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 voting 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.

\_\_\_\_\_  
(Signature of Witness to Mark)

\_\_\_\_\_  
(Address of Witness to Mark)