# New York State Village Clerk Early Mail Ballot Application

#### Please print clearly. See detailed instructions

This application may be used for any village election conducted by a village clerk. If an 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 and no earlier than four months before the first election to which it applies. Applications in person may be delivered to the village clerk no later than the day before the election.

CLERK USE ONLY:								
Town/City/Ward/Dist:								
Registration No:								
Party:								
□ voted in office								

day be	fore the election.								
1.	Early mail ballot(s) requested for the following village election(s):  Village General Village Special Election All Village-run elections this year Election only only								
2.	Last name or surname			First name			Middle initi	al	Suffix
3.	Date of birth MM/DD/YYY	Y County v	where you live		Phone number (op	otional)	Email (option	al)	
4.	Address where you are r	egistered		Apt	City		State <b>NY</b>	Zip cc	de
5.	Delivery of General Village (or Special Village) Election Ballot (check)  ☐ Deliver to me in person at the board of elections ☐ I authorize (give name): to pick up my ballot at the board of elections ☐ Mail ballot to me at: (mailing address)								
	Street no.	Street name			Apt	City	Staf	te	Zip code
'	Applicant M	lust Sign Be	low						
6.	Legitive that I am a qualified and a registered voter and that the information in this application is true and correct and								
	Sign Here: X						Date	/	
								MM/D	D/YYYY
By my r assistar have re	cant is unable to sign be mark, duly witnessed he nce because I am unabl ceived assistance in ma ailed instructions.)	ereunder, I hereby s e to write by reason	tate that I am u of illness or ph	nable to sig ysical disabi	n my application fo lity or because I am	r an early mail n unable to rea	ballot without d. I have made, or		
l, the ur him or l for all p	Name of MM/DD/YYYY ndersigned, hereby cer her to be the person w purposes as the equival- es as if I had been duly	tify that the above r ho affixed his or her ent of an affidavit ar	named voter affi mark to said ap	ixed their m	ark to this applicat nd understand that	ion in my prese this statement	will be accepted		
(Address	s of witness to mark)		(Signature o	f witness to r	nark)		_	2024 Ear	Jse Only ly Vote By Mail ion – English

#### Instructions:

### Who may apply for an early mail ballot at an election administered by a village?

You may use this application if you are a qualified voter who resides in a village for any election conducted by the village clerk. You may only apply on your own behalf.

#### Where and when to return your application:

Applications for an early mail ballot that will be delivered in-person at the office of the village 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 by the village clerk 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.

## When your ballot will be sent:

For an application for ballot by mail, your early mail ballot materials will be sent to you at least six days before the election.