SOUTH ORANGETOWN CENTRAL SCHOOL DISTRICT EARLY MAIL BALLOT APPLICATION ANNUAL DISTRICT MEETING - MAY 21, 2024

PLEASE PRINT CLEARLY.

This application may only be used for school district votes by qualified voters who reside in a school district that provides for personal registration of voters. If the application requests the absentee ballot be mailed, the application must be received by the District Clerk, 160 Van Wyck Road, Blauvelt, NY 10913, not later than 7 days before the vote for which the absentee ballot is sought. Otherwise, the application may be personally delivered to the District Clerk not later than the day before the vote. Applications may not be submitted more than 30 days prior to the vote. If you are qualified for early mail voting and issued an early mail ballot, the ballot itself must be received by the District Clerk by 5 PM on the day of the vote (May 21, 2024) in order to be canvassed.

1	Early mail ballot requested for the following election: Annual election and budget vote				
2	Last name or surname	First nar	First name		tial Suffix
3	Date of Birth	School district where you reside	Phone number	Email	
4	Address where you live (residence) STREET APT. CITY STATE ZIP				
5	 Delivery of Early Mail Ballot (check one) Deliver to me in person at Office of School District Clerk. I authorize (give name) : to pick up my ballot at Office of School District Clerk. District Clerk. Mail ballot to me at this address: 				
	Street no. Street name	Apt.	City	State	Zip

APPLICANT MUST SIGN BELOW

If applicant is unable to sign because of illness, physical disability of 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 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.

(Print name of witness to mark)

(Signature of witness to mark)