



# BOQUET VALLEY

CENTRAL SCHOOL DISTRICT

## Application for Early Mail Ballot

To receive an early mail ballot:

**In-Person** - Application must be personally delivered to the District Clerk no later than the day before the election.

**By Mail** - Application must be received by the District Clerk no later than the 7th day before the election.

**The ballot must be received by the District Clerk by 5:00 PM on election day.**

Date of vote for which Early Mail Ballot is requested: **May 21, 2024**

Last name or surname: \_\_\_\_\_

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

Street name and number

City

State

Zip

Delivery of Ballot (check one):

Deliver to me in person at the District Clerk's Office (7530 Court Street Elizabethtown, NY)

I authorize (give name) \_\_\_\_\_ to pick up my ballot at the District Clerk's Office (7530 Court Street Elizabethtown, NY)

Mail ballot to me.

### Applicant Must Sign Below

I am or will be, on the day of the school district election, a qualified voter of the Boquet Valley Central School District, over eighteen years of age, a citizen of the United States, and have or will have resided in the District for thirty days (30).

I hereby request an early mail voting ballot for the next Boquet Valley Central School District election.

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 ballot, I shall be guilty of a misdemeanor.

**Signature of Voter:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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 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 pre-printed name stamps allowed. See detailed instructions.)

**Date:** \_\_\_/\_\_\_/\_\_\_ **Name of Voter:** \_\_\_\_\_ **Mark:** \_\_\_\_\_

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 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)