

# Albert Wisner Public Library Early Mail Ballot Application

Please print clearly. See detailed instructions.

To receive an early mail ballot: **In-Person** - Application must be personally delivered to the Library no later than the day before the election. **By Mail** - Application must be received at the Library no later than the 10<sup>th</sup> day before the election. **The ballot MUST be received at the Library by 9:00pm on the day of the vote, May 7, 2024.**

Last name or surname	First name	Middle Initial
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## Applicant Must Sign Below

Date of birth MM/DD/YYYY	Phone Number (optional) / Email (optional):
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Address:

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Street no.	Street name	apt.	city	State	zip code
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**Delivery of Ballot (check one):**

Deliver to me in person at the Library.

I authorize (PRINT name): \_\_\_\_\_ to pick up my ballot at the Library.

Mail ballot to me at (if different from above address):

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Street no.	Street name	apt.	city	state	zip code
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I certify that I am or will be, on the day of the Library election, a registered voter of the Warwick Valley Central School District, over eighteen years of age, a citizen of the United States, and have or will have resided in the School District for thirty days (30), and that the information in this application 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, including a misdemeanor charge, as if I had been duly sworn.

I hereby request an early mail voting ballot for the next Albert Wisner Public Library tax levy vote and Trustee 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 preprinted name stamps are allowed. See detailed instructions.)

**Date** \_\_\_/\_\_\_/\_\_\_ **Name of Voter:** \_\_\_\_\_ **Mark:** \_\_\_\_\_  
MM/DD/YYYY

I, the undersigned, hereby certify that the above-named voter affixed their 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.