Brentwood
Public Library

EARLY MAIL BALLOT APPLICATION
SPECIAL DISTRICT MEETING

Application must be received by the District Clerk at least seven days before the election if the ballot is to be mailed to the voter, or the day before the election if the ballot is to be delivered personally to the voter.

State of New York   )
Town of Islip   ) ss:
County of Suffolk   )

I, _____ being affirmed say: I reside at

_____; and
        Street Address   Town   State   Zip Code

(*if different from residence*) my mailing address is

_____.
        Street Address/P.O. Box   Town   State   Zip Code

I am a qualified voter of the School District in which I reside in that I am or will be on such date, over 18 years of age, a citizen of the United States and have or will have resided in the District for thirty days next preceding such date. I further affirm that I am registered to vote in the School District. I have not qualified and do not intend to vote elsewhere. I have not sought and will not seek an absentee ballot to vote in the District and do not intend to vote in-person.

Delivery of Early Mail Ballot (*check one*):

☐   I authorize (give name) _____ to pick up my ballot at the District.
☐   Mail my ballot to me at the following address:

_____.
        Street Address/P.O. Box   Town   State   Zip Code

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.

Date: _____   Signature: _____

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 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.

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.

Date: _____   Signature: _____