Village of Wesley Hills 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 village clerk's office not later than the day before the election. *Election Law § 15-119(7).* ***By Mail***: Application must be received by the village clerk's office not later than the 7th day before the election. *Election Law § 15-119(7).*

The ballot itself must be received by the village clerk's office no later than the close of polls on Election Day in order to be canvassed. *Election Law § 15-119(10).*

I am requesting an early mail ballot:

☐ for the upcoming March 19, 2024, village election.

Last name	First name	Middle initial	Suffix

Date of birth MM/DD/YYYY	County where you live	Phone number (optional)	Email (optional)

			NY	
Address where you live (residence) street	Apt	Village	State	Zip code

Delivery of Early Mail Election Ballot(s) (check one)

☐ Deliver to me in person at village clerk's office

☐ I authorize (given name): _____ to pick up my ballot from the village clerk.

☐ Mail ballot to me at (mailing address):

_____

Street No. Street Name Apt City State Zip

Applicant Must Sign Below

I certify that I am a qualified and a registered voter and that the information in this application is true and correct and that 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 as if I had been duly sworn.

Sign Here: X _____ **Date:** _____

MM/DD/YYY

If applicant is unable to sign because of illness, physical disability, or inability to read, the following statement must be executed: 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.

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 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 a material false statement, shall subject me to the same penalties as if I had been duly sworn.

_____ _____

Signature of witness to mark

_____

Address of witness to mark