

# Mastics-Moriches-Shirley Community Library Early Voting Application

(for Library Elections, Budget Votes and Referenda)

Please print clearly.

This application may only be used for Mastics-Moriches-Shirley Community Library (MMSCL) elections by qualified voters who reside in a school district that provides for personal registration of voters. If the application requests the early voting ballot be mailed, the application must be received by MMSCL's business office not later than 7 days before the vote/election (by 5 p.m.) for which the early voting ballot is sought. Otherwise, the application may be personally delivered to MMSCL's business office not later than the day before the election (by 5 p.m.) Applications may not be submitted more than 30 days prior to the election. If you are qualified for early voting and issued an early voting ballot, the ballot itself must be received by MMSCL's business office by 5 p.m. on the day of the election in order to be canvassed.

**1** The early voting ballot is being requested for the following public library vote/election:

Annual Election & Budget Vote

Special District Vote or Referendum

Budget Revote

**2** Last name or surname  First name  Middle initial  Suffix

**3** Date of birth  School district where you reside  Phone number (optional)  Email (optional)

**4** Address where you live (residence) street  Apt  City  State  Zip Code

**NY**

**5** Delivery of Library Early Voting Ballot (check one)

Deliver to me in person at MMSCL's business office.

I authorize (give name): \_\_\_\_\_ to pick up my ballot at MMSCL's business office.

Mail ballot to me at: (mailing address)

\_\_\_\_\_

street no. street name apt. city state zip code

**Applicant Must Sign Below**

**6** I certify that I am a qualified and registered voter of the school district serviced by the public library. 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 voting ballots, I shall be guilty of a misdemeanor.

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

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 voting 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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (signature of witness to mark)  
 \_\_\_\_\_  
 (address of witness to mark)

