New York State School District Early Mail Ballot Application

Newburgh Enlarged City School District

Please print clearly. See detailed instructions

This application may be used for any school election at which early vote by mail is authorized by law. If the application requests the early mail ballot to be mailed, the application must be received by the district clerk not later than 7 days before the election for which the early mail ballot is sought. Otherwise, the application may be personally delivered to the district clerk not later than the day before the election. Applications may not be submitted more than 30 days prior to the election. If you are qualified for early mail voting and issued an early mail ballot, the ballot itself must be received by the school district clerk by 5p.m. on the day of the election in order to be canvassed.

	Early mail ballot(s)	requested for tl	ne following e	lection(s):				
	Annual election and budget vote	d Budget re-	vote	☐ Specia	al district election	or referendum			
	Last name or surname			First name			Middle ir	Middle initial Suffix	
	Date of birth MM/DD/YYYY	County w	here you live		Phone number (o	pptional)	Email (opti	ional)	
	Address where you are registered Apt			pt	City	State NY	p		
5.	Delivery of School District Early Mail Ballot (check one) ☐ Deliver to me in person at office of school district clerk. ☐ I authorize (give name): ☐ Mail ballot to me at: (mailing address)				to pick up my ballot at the office of the school district clerk.				
	Street no.	Street name			Apt	City	St	ate	Zip code
	Applicant Mu	ust Sign Bel	low						
6.	of my knowledge of application for a	and belief, and I	understand t	hat if I n	nake any matei	rial false state	Date	foregoin	g statement
								MM/D	D/YYYY
By my assista have re Date I, the u him or	cant is unable to sign becomark, duly witnessed her noce because I am unable eccived assistance in make MM/DD/YYYY Name of Volume Name of Volume Name of Volume Name of Volume Name Name Name of Volume Name Name Name Name Name Name Name Na	reunder, I hereby state to write by reason of the wind mark in lieu oter: fy that the above has a affixed his or her reason.	ate that I am una of illness or physi I of my signature Inmed voter affixe mark to said appl	ible to signical disabile. (No pow Ma ed their m lication an	n my application for the fitty or because I are er of attorney or park:	or an early mail by munable to read oreprinted name tion in my present this statement.	pallot without I. I have made, stamps allowe nce and I know will be accepte	or d.	
	ourposes as the equivaler les as if I had been duly sv		d if it contains a r	material fa	alse statement, sh	all subject me to	the same		
			(Signature of w	vitness to m	nark)				se Only y Vote By Mail
/	es of witness to mark)								y vote by Maii on – English

Instructions

Who may use this application for a school district early mail ballot?

You may use this application if you are a qualified voter participating in a school election for which early vote by mail is authorized by law. You may only apply for an early mail ballot on your own behalf. A voter who applies for and is issued an early mail ballot will not be eligible for an absentee ballot for the same election.

If you are unsure whether the election you are applying for permits early vote by mail, please contact your district clerk.

Who is a qualified voter?

You are qualified to vote in your school district if you are:

- a citizen of the United States;
- at least 18 years of age; and
- a resident of the school district for a period of at least 30 days preceding the meeting or election at which you seek to vote.

No person shall have the right to register for or vote at any school meeting or election who would not be qualified to register for or vote at an election in accordance with the provisions of Election Law §5-106.

Information for military voters:

Do **not** use this application if you are:

- a qualified voter who will be absent from your school district on the day of the election as a result of actual military service;
- a qualified voter who has been discharged from actual military service within 30 days of the election in which you seek to vote; or
- the spouse, parent, child, or dependent of a military voter as set forth above who is accompanying such military voter and who is qualified to vote in the same school district as the military voter.

If you meet any of the above criteria, you are entitled to special provisions if you apply for a military ballot. Please contact your school district to receive the appropriate application form.

Information for voters with an illness or disability:

You may sign the early mail ballot application yourself, or you may make your mark and have your mark witnessed in the spaces provided on the bottom of the application. Please note that a power of attorney or printed name stamp is not allowed for any voting purpose.

Where and when to return this application:

If you request that the early mail ballot be mailed to you, your application must be received by the district clerk for your school district no later than 7 days before the election for which you seek an early mail ballot. Otherwise, you may personally deliver your application to the district clerk no later than the day before the election. You may not submit your application more than 30 days prior to the election.

When your early mail ballot will be sent to you:

If you request that the early mail ballot be mailed to you, the district clerk will mail your ballot by regular mail no later than 6 days prior to the election. Otherwise, the district clerk will deliver your ballot to you or your agent, as designated on your application, when you or your agent appears in the district clerk's office. For your ballot to be canvassed, it must be received by the school district clerk by 5 p.m. on the day of the election.