

NEW PALTZ CENTRAL SCHOOL DISTRICT  
NYS School District Early Mail Ballot Application  
(for School District Elections, Budget Votes and Referenda)

Please print clearly.

This application may be used for any school election at which early vote by mail is authorized by law. If the applicant 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 5 p.m. on the day of the election in order to be canvassed.

1

Early Mail Ballot(s) requested for the following election(s) (check one reason):  
Annual Meeting – Election/Budget Vote May 20, 2025

2

Last name or surname

First name

Middle initial

Suffix

3

Date of birth - MM/DD/YYYY

County where you reside

Phone number (optional)

Email (optional)

4

Address where you live (residence) street

Apt

City

State

Zip Code

NY

5

Delivery of School District Early Mail Ballot

☐ Deliver to me in person at office of school district clerk.

☐ Mail ballot to me at: (mailing address)

Street no.

Street name

Apt

City

State

Zip code

6

Applicant Must Sign Below

I certify that I am a qualified voter. 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 early mail voter, I shall be guilty of a misdemeanor.

DateSignature 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 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. (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.

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

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

## **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 immediately preceding the meeting or election at which you seek to vote.

### **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 your 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 ballot will be sent:**

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, when you appear in the district clerk's office. For your ballot to be canvassed, it must be received by the school district clerk by 5:00 p.m. pm the day of the election.