



# Harborfields Central School District

## 2 Oldfield Road, Greenlawn, NY 11740

### Early Mail Ballot Application

Application must be received by the District Clerk at least seven (7) 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.

**Please print clearly.**

Last Name	First Name	Middle Initial	Suffix
Residence address where you are registered			
Address where ballot is to be mailed to (if different from residence address)			
<p>I am a qualified voter of the Harborfields Central School District by meeting the following qualifications as of the date of the school district election to be held on May 21, 2024: I have or will have resided in the district for at least thirty (30) days preceding the date of the election, I am or will be over eighteen (18) years of age as of the date of the election, and I am a citizen of the United States.</p> <p>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.</p>			
<hr/> <b>Signature of Voter</b>		<hr/> Date	
<p>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.</p>			
Date: _____ Name of Voter: _____ Mark: _____			
<p>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 materially false statement, shall subject me to the same penalties as if I had been duly sworn.</p>			
Date: _____ Witness Signature: _____			
Print witness name: _____			
Print witness address: _____			