



# Comsewogue Public Library Early Voting Application

(for Library Elections, Budget Votes and Referenda)

**Please print clearly.**

This application may only be used for Comsewogue Public Library (CPL) votes/elections by registered voters who reside in the Comsewogue School District. If the applicant requests that the early voting ballot be mailed, the application must be received by CPL's administration 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 CPL's administration 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 CPL's administration office by 5 p.m. on the day of the vote/election in order for it to be canvassed.

1	The early voting ballot is being requested for the following library vote/election/referendum: <input type="checkbox"/> Annual Election & Budget Vote <input type="checkbox"/> Referendum <input type="checkbox"/> Budget Revote		
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2	Last name (surname)	First name	Middle Initial	Suffix
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3	Date of Birth	School district where you reside	Phone number (optional)	Email (optional)
	___/___/_____	Comsewogue UFSD		

4	Address where you live (residence)
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5	Delivery of Library Early Voting Ballot (check one) <input type="checkbox"/> Deliver to me in person at the Comsewogue Public Library <input type="checkbox"/> I authorize (give name): _____ to pick-up my ballot at CPL <input type="checkbox"/> Mail ballot to me at: (mailing address) _____
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**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 in the foregoing statement of application for an early voting ballot, I may be guilty of a misdemeanor.  Date _____ Signature of Voter _____
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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 voter 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 had 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: \_\_\_\_\_

The, undersigned, hereby certifies that the above named voter affixed his or her mark to this application in my presence and I know him/her to be the person who affixed his/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)