



Inc. Village of Valley Stream Early Mail Ballot Application

Inc. Village of Valley Stream - 123 S. Central Avenue - Valley Stream, NY 11580 - (516) 825-4200 - www.vsvny.org

Village Clerk Use Only

T/AD/ED: _____

Registration No: _____

Party: _____

Voted in office

To receive an early mail ballot:

In-Person: Application must be personally delivered to the Village Clerk's Office not later than the day before the election. **By Mail:** Application must be received by the Village Clerk's Office not later than the 7th day before the election. The ballot itself must be received by the Village Clerk's Office no later than the close of polls on Election Day in order to be canvassed.

Please Print Clearly

I am requesting an early mail ballot

- For the upcoming March Village election.
- For all remaining elections in the Village in the calendar year.

Last Name	First Name	Middle Initial	Suffix
/ /	Nassau County of Residence	Phone # (optional)	Email (optional)
Address where you live (residence)		Apt.	Valley Stream Village
			NY State
			1158 Zip Code

Delivery of Early Mail Election Ballot(s). Please check one.

- Deliver to me in person at the Village Clerk's Office.
- I authorize (given name): _____ to pick up my ballot from the Village Clerk.
- Mail Ballot to me at (mailing address):

Street No. Street Name Apt. City State Zip Code

Applicant Must Sign Below

I certify that I am a qualified and a registered voter and that the information in this application is true and correct and that this application 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.

Sign Here: X _____ **Date:** _____ / _____ / _____

If applicant is unable to sign because of illness, physical disability, or inability to read, the following statement must be executed: 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 illness or physical disability or because I am unable to read. I have made, or have received assistance in making, my mark in lieu of my signature.

Date: _____ / _____ / _____ Name of Voter: _____ Mark: _____

I, the undersigned, hereby certify that the above named voter affixed their mark to this application in my presence and I know them to be the person who affixed their 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



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Each person must apply for themselves. It is a felony to make a false statement in an application for an early mail ballot to attempt to cast an illegal ballot, or to help anyone cast an illegal ballot.

All qualified and registered voters must personally sign the application unless physically unable to do so.

Early Mail Ballot Applications are available and can be accepted four (4) months prior to the election.

**Place
Postage
Here**

Inc. Village of Valley Stream

Office of the Village Clerk

123 South Central Avenue

Valley Stream, New York 11580