

# VILLAGE OF QUOGUE EARLY MAIL BALLOT APPLICATION

7 Village Lane P.O. Box 926 Quogue, NY 11959

Please print clearly.

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.  
Election Law § 15-119(7)

**By Mail:** Application must be received by the village clerk's office not later than the 7th day before the election.  
Election Law § 15-119(7)

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.

Election Law § 15-119(10)

1.	early mail ballot(s) requested for the following election(s) :			
	<input type="checkbox"/> June 21, 2024 Village election		<input type="checkbox"/> All elections this year	
2.	last name or surname	first name	middle initial	suffix
3.	date of birth MM/DD/YYYY	Mailing address:	phone number (optional)	email (optional)
4.	Resident address:	apt	city	state NY
5.	Delivery of Early Mail in Election Ballot (check one)			
	<input type="checkbox"/> I authorize (give name): _____ to pick up my ballot at the Village Clerk's Office.		<input type="checkbox"/> Deliver to me in person at the Village Clerk's Office.	
	<input type="checkbox"/> Mail ballot to me at: (mailing address) _____			

## APPLICANT MUST SIGN BELOW:

6.	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.	
	<b>SIGN HERE:</b> _____ (Must be original signed writing)	<b>DATE:</b> ____/____/____ MM/DD/YYYY

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 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. (No power of attorney or preprinted name stamps allowed. See detailed instructions.)

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 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)