Early Mail Ballot Application Village of Head of the Harbor 500 North Country Rd. St. James, NY 11780 (631) 584-5550 www.HeadoftheHarborNY.gov

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)*.

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I am requesting an early mail ballot										
 for the upcoming village election. 										
Last name		First name		Middle initia	Middle initial Suffix					
I										
Date of birth	County where you	Phone number (optional) Er		Email (optional)	nail (optional)					
MM/DD/YYYY	live									
				NY	110	01				
Address where you live (residence) street		Apt	Village	State	Zip code					
Delivery of Early Mail Election Ballot(s) (check one)										
 Deliver to me in person at 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	Stat	te	Zip				
		r	,							
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										
that this application will be	accepted for all purp	0000 00 000 0400000000		false statement, shall subject me to the same penalties as if I had been duly sworn.						
		•								
false statement, shall subje	ct me to the same pe	•		e:						
false statement, shall subje Sign Here:	ct me to the same pe	•	uly sworn.	e:	<u> </u>					
false statement, shall subje Sign Here: Print Name:	ct me to the same pe	nalties as if I had been o	uly sworn. Dat	MM/DD/YY		ovesuted				
false statement, shall subje Sign Here: Print Name: If applicant is unable to sign be	ct me to the same pe X ecause of illness, physic	nalties as if I had been o	uly sworn. Dat read, the follo	MM/DD/YY	ust be					
false statement, shall subje Sign Here: Print Name:	ct me to the same pe X ecause of illness, physice to sign my application	nalties as if I had been of all disability, or inability to for an early mail ballot wi	uly sworn. Dat read, the follothout assistan	MM/DD/YY wing statement m ce because I am un	ust be able t	o write by				
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