

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).*

I am requesting an early mail ballot <ul style="list-style-type: none"> • for the upcoming _____ village election. 					
Last name		First name		Middle initial	Suffix
Date of birth MM/DD/YYYY	County where you live	Phone number (optional)		Email (optional)	
Address where you live (residence) street		Apt	Village	NY	State Zip code
Delivery of Early Mail Election Ballot(s) (check one) <ul style="list-style-type: none"> • 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	State	Zip
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: <input checked="" type="checkbox"/>		Date: _____		MM/DD/YY	
Print Name: _____					
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:	
MM/DD/YYYY					
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		