# New York State School District/Library Early Mail Ballot Application

(for School District Elections, Budget Votes and Referenda)

## Please print clearly. See detailed instructions

This application may be used for any school/library election at which early vote by mail is authorized by law. If the application requests the early mail ballot to be mailed, the application must be received by the district clerk/library director not later than 7 days before the election for which the early mail ballot is sought. Otherwise, the application may be personally delivered to the district clerk/library director not later than the day before the election. Applications may not be submitted more than 30 days prior to the election. If you are qualified for early mail voting and issued an early mail ballot, the ballot itself must be received by the district clerk/library director by 5p.m. on the day of the election in order to be counted.

Date of birth MMDDMYYY    Date of birth MMDDMYYY	Last name or surname		First name		Middle initial	Suffix
Delivery of Library Early Mail Ballot (check one)   Deliver to me in person at office of district clerk/library director.   Tauthorize (give name):	Date of birth MM/DD/YYYY	County where you live	Phone number (c	optional)	Email (optional)	
Deliver to me in person at office of district clerk/library director.    authorize (give name):	Address where you are registered		Apt City		and take to the first	o code
Applicant Must Sign Below  I certify that I am a qualified and registered voter. I hereby declare that the foregoing is a true statement to the of my knowledge and belief, and I understand that if I make any material false statement in the foregoing stater of application for early mail ballots, I shall be guilty of a misdemeanor.  Sign Here:   Date	Deliver to me in person l authorize (give name): _ Mail ballot to me at: (mai	at office of district clerk/l	ibrary director to pick up my bal			
I certify that I am a qualified and registered voter. I hereby declare that the foregoing is a true statement to the of my knowledge and belief, and I understand that if I make any material false statement in the foregoing stater of application for early mail ballots, I shall be guilty of a misdemeanor.  Sign Here: X  Date	Street no. Stre	et name	Apt	City	State	Zip code
of my knowledge and belief, and I understand that if I make any material false statement in the foregoing stater of application for early mail ballots, I shall be guilty of a misdemeanor.  Sign Here:   Date						
icant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed.  mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an early mail ballot without ince because I am unable to write by reason of illness or physical disability or because I am unable to read. I have made, or eceived assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.  Mark:  Mark:  Mark:  Murch physical disability or because I am unable to read. I have made, or eceived assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.  Mark:  Mark:  Mark:  Mark:  Mark:  Murch physical disability or her mark to this application in my presence and I know there to be the person who affixed his or her mark to said application and understand that this statement will be accepted purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same	I certify that I am a qual of my knowledge and be	ified and registered vot	that if I make any mater	rial false staten	g is a true statement in the forego	ent to the b
mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an early mail ballot without ince because I am unable to write by reason of illness or physical disability or because I am unable to read. I have made, or eceived assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.    Name of Voter: Mark:	I certify that I am a qual of my knowledge and be of application for early r	ified and registered vot	that if I make any mater	rial false staten	Date/_	ing statem
undersigned, hereby certify that the above named voter affixed their mark to this application in my presence and I know r her to be the person who affixed his or her mark to said application and understand that this statement will be accepted purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same	I certify that I am a qual of my knowledge and be of application for early r	ified and registered vot	that if I make any mater	rial false staten	Date/_	ing statem
her to be the person who affixed his or her mark to said application and understand that this statement will be accepted purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same	I certify that I am a qual of my knowledge and be of application for early r  Sign Here: X  icant is unable to sign because of mark, duly witnessed hereunderince because I am unable to write	ified and registered vot elief, and I understand t nail ballots, I shall be g f illness, physical disability o r, I hereby state that I am un e by reason of illness or phy	that if I make any mater juilty of a misdemeanor or inability to read, the follow hable to sign my application for sical disability or because I a	rial false staten	Date	ing statem
	I certify that I am a qual of my knowledge and be of application for early research.  Sign Here: X  icant is unable to sign because of mark, duly witnessed hereunderince because I am unable to write eceived assistance in making, minutes of the control of the co	ified and registered vot elief, and I understand t nail ballots, I shall be g f illness, physical disability o r, I hereby state that I am un e by reason of illness or phy y mark in lieu of my signatur	that if I make any mater juilty of a misdemeanor or inability to read, the follow hable to sign my application to sical disability or because I a re. (No power of attorney or	rial false staten  ring statement mu  for an early mail book m unable to read. preprinted name	Date	ing statem

# Manhasset Public Library Budget Vote and Trustee Election: April 8, 2025 Instructions for Early Mail Ballot Application

### Who may use this application for the Library early mail ballot?

You may use this application if you are a qualified voter who resides in the Manhasset Union Free School District #6. You may only apply for an early mail ballot on your own behalf. A voter who applies for, and is issued, an early mail ballot will not be eligible for an absentee ballot for the same election. All applications must be approved by the District Clerk/Library Director.

#### Who is a qualified voter?

You are qualified to vote in the MUFSD if you are:

- · a citizen of the United States
- at least 18 years of age
- a resident of the MUFSD for a period of at least 30 days preceding election at which you seek to vote
- Registered voter (Nassau County or School District)

Line items for the Manhasset Library Annual Budget Vote and Trustee Election Ballot Application:

- No 1 early mail ballot is for the Library's ANNUAL ELECTION AND BUDGET VOTE
- No 5 indicate preference for ballot delivery; if you indicate mail ballot -include home address
- No 6 Sign and date the application
  - MAIL or hand deliver the application in order to receive a ballot.

Place completed application in an addressed envelope and mail or return in person to:

DISTRICT CLERK/LIBRARY DIRECTOR
Administration Office, 3<sup>RD</sup> Floor
Manhasset Public Library
30 Onderdonk Avenue
Manhasset, NY 10030

Applications for early mail ballots are available online or can be picked up at the Library as of **February 12**<sup>th</sup> for the **April 8**<sup>th</sup> **vote**. Once we have received and approved your application, early mail ballots will be available as of **March 27, 2025** for pick up at the Library's administration office.

#### When your early mail ballot will be sent to you:

If you request that the early mail ballot be mailed to you, the District Clerk/Library Director will mail your ballot by regular mail no later than six days prior to the election. Otherwise, the District Clerk/Library Director will deliver your ballot to you or your agent, as designated on your application, when you or your agent appears in the District Clerk/Library Director's office.

Completed ballot must be returned to the Library Clerk no later than April 8 at 5pm in order to be counted.