Village of Marcellus Early Mail Ballot Application

Please print clearly.

To receive an early mail ballot: In-Person: Application must be personally delivered to the Village Clerk at 6 Slocombe Ave, Marcellus, NY 13108 not later than Monday, March 18, 2024. Election Law §15-119(7). By Mail: Application must be received by the Village Clerk's office at 6 Slocombe Ave, Marcellus, NY 13108 not later than Tuesday, March 12, 2024. Election Law §15-119(10).

The ballot itself must be received by the Village Clerk's office no later than 9:00pm EST on Tuesday, March 19, 2024. Election Law §15-119(10).

I am requesting an early mail ballot							
for the upcoming March 2024 Village election							
Last Name		First Name		Middle Initial		Suffix	
Date of birth (MM/DD/YYYY)	County where you live	Phone Number (optional)		Email (optional)			
Street address where you live (residence)		Apt.	Village	State	Zip Code		
Delivery of Early Mail Ballot (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: □ Same address as above □ Alternate address below							
Street Address Apt.		City State		Zip Code			
Applicant Must Sign Below							
I certify that I am a qualified and 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 materially							
false statement, shall subject me to the same penalties as if I had been duly sworn.							
Sign Here: Date: 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 of 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							
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.							
Name			Signature of witness to mark				
Address of witness to mark							
Address of withess to mark							