

Early Mail Voting Ballot Application

Franklinville Central School District
31 North Main Street
Franklinville, NY 14737

ALL APPLICANTS MUST COMPLETE THE FOLLOWING

I am requesting an early voting ballot for the *May 20, 2025* Budget Vote.

Applicant's Information

Last Name _____ First Name _____ DOB _____

Street Number/Address _____

City _____ State _____ Zip Code _____

Mail ballot to this address:

Street Number/Address _____

City _____ State _____ Zip Code _____

- ☐ " I am a qualified voter of the Franklinville Central School District in that I am or will be, on the date of the school district election or vote, at least 18 years of age, a citizen of the United States and have or will have resided in the Franklinville Central School District for **30 days** preceding such date."

APPLICANT MUST SIGN BELOW

I hereby declare that the foregoing is a true statement to the best of my knowledge and belief, and I understand that if I make any material false statement in the foregoing statement of application for early mail ballot, I shall be guilty of a misdemeanor.

Date _____ Signature of Voter _____

Applications must be signed and received by the District Clerk or designee **NOT LATER THAN 5:00PM** seven (7) days before the district vote and/or election if the ballot is to be mailed or one (1) day before the district vote and/or election if the ballot is to be personally delivered.

**PLEASE TAKE NOTICE THAT THE COMPLETED, SEALED EARLY VOTING BALLOT MUST BE
RECEIVED BY THE DISTRICT CLERK
NO LATER THAN 5:00 P.M.
ON MAY 20, 2025, THE DAY OF THE ELECTION.**

FOR OFFICE USE ONLY: (District Clerk fills out this box)

Application received

Ballot (taken) received

Ballot sent

Ballot voted in office