## BOLTON CENTRAL SCHOOL DISTRICT EARLY MAIL BALLOT APPLICATION

Mail to: DISTRICT CLERK

(Address of witness to mark)

BOLTON CENTRAL SCHOOL DISTRICT HORICON AVENUE - PO BOX 120 BOLTON LANDING, NY 12814

SCHOOL DISTRICT	
	ion
ZIP CODE	
ement of application for early mail ballot, I shall be guilty of a misdemeanor.	aterial
of illness, physical disability or inability to read, the following statement must be executed: By moreby state that I am unable to sign my application for an early mail ballot without assistance becauses or physical disability or because I am unable to read. I have made, or have the assistance in ure. (No power of attorney or preprinted name stamps allowed. See detailed instructions.)  Mark	iy ause I n
or her mark to said application and understand that this statement will be accepted for all purpos	
(Signature of witness to mark)	
ais is tee	is a true statement to the best of my knowledge and belief, and I understand that if I make any matement of application for early mail ballot, I shall be guilty of a misdemeanor.  SIGNATURE OF VOTER  e of illness, physical disability or inability to read, the following statement must be executed: By matereby state that I am unable to sign my application for an early mail ballot without assistance because illness or physical disability or because I am unable to read. I have made, or have the assistance inture. (No power of attorney or preprinted name stamps allowed. See detailed instructions.)  Mark  Mat the above named voter affixed his or her mark to this application in my presence and I know his or her mark to said application and understand that this statement will be accepted for all purposit contains a material false statement, shall subject me to the same penalties as if I had been duly

This application must be postmarked at least seven (7) days before an election.

In person application must be received the day before election.