APPLICATION FOR EARLY VOTE BY MAIL BALLOT
Cazenovia School District
Special Election: September 15, 2026

Application must be received by the District Clerk at least 7 days before the vote if the ballot is to be mailed to the voter, or by 5:00 p.m. on Monday, September 14, 2026, if the ballot is to be delivered personally to the voter.

STATE OF : NEW YORK
COUNTY OF : _____
CITY OR TOWN OF : _____

I, _____, being affirmed say:
Name

I reside at _____
Street Number (if any) or town and rural delivery (if any), city/town/village, state, and zip code

Date of Birth: _____

I am a qualified voter of the Cazenovia Central School District because I am or will be on the date of the Referendum over 18 years of age, a citizen of the United States, and have or will have resided within the School District for a period of thirty days next preceding the date of the Referendum.

I will be unable to appear to vote in person on the day of Tuesday, September 15, 2026 special meeting and election for which this absentee ballot is requested.

Delivery of Early Vote by Mail Ballot

☐ Deliver to me in person at the office of the school district clerk.

☐ Mail ballot to me at:

_____
Street No. Street Name Apt. City State Zip

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 STATEMENTS IN THE FOREGOING STATEMENT OF APPLICATION FOR EARLY VOTE BY MAIL BALLOTS, I SHALL BE GUILTY OF A MISDEMEANOR.

_____ _____
Date Signature of Voter or Mark

If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed: By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read. I have made, or I have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed).

Date: ___/___/___ Name of Voter: _____ Mark: _____

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to said application and understand 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.

_____ _____

Address of Witness Witness Signature

RETURN APPLICATIONS TO:

Emily Ayres, District Clerk
Cazenovia Central School District
31 Emory Ave
Cazenovia, NY 13035