

VILLAGE OF GREAT NECK PLAZA

2 GUSSACK PLAZA

GREAT NECK PLAZA, 11021

PHONE: (516) 482-4500 // FAX: (516) 482-3503

[www.greatneckplaza.net](http://www.greatneckplaza.net)



VILLAGE OF GREAT NECK PLAZA EARLY MAIL BALLOT APPLICATION

To receive an early mail ballot: **In-Person** – Application must be personally delivered to the Village Clerk no later than the day before the election. **By Mail** – Application must be received by the Village Clerk not later than the 7<sup>th</sup> day before the election.  
Please print clearly.

1. Early mail ballot requested for the following election:  
 Village Election

2. Last name/surname First name M.I. Suffix

3. Date of birth \_\_\_/\_\_\_/\_\_\_\_

4. Address where you live (residence)

5. Delivery of Election Ballot (check one)  
 deliver to me in person at the village hall  
 I authorize: \_\_\_\_\_ to pick up my ballot at the village hall  
 mail ballot to me at:

Applicant MUST Sign Below

6. 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 material false statement, shall subject me to the same penalties as if I had been duly sworn.  
SIGN HERE: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_

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 have the assistance in making, the 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 their mark to this application in my presence and I know them to be the person who affixed the 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.

Address of witness \_\_\_\_\_

Signature of witness \_\_\_\_\_