## Village of Springville Early Mail Ballot Application

**Please print clearly.** See detailed instructions.

To receive an early mail ballot: ***In-Person:*** Application must be personally delivered to the village clerk's office at 5 W. Main St Springville not later than the day before the election. *Election Law§ 15-119(7).* ***By Mail:*** Application must be received by the village clerk's office not later than the 7th day before the election. *Election Law§ 15-119(7). Mailing address is Village Clerk's Office, PO Box 17, Springville, NY 14141.*

The ballot itself must be received by the village clerk's office no later than the close of polls on Election Day March 16, 2027, before 9 pm in order to be canvassed. *Election Law§ 15-119(10).*

**I am requesting an early mail ballot**

- ☐ for the upcoming March 16, 2027, village election.
- ☐ for all remaining elections in the village in the calendar year.

| | | | |
|---|---|---|---|
| | | | |
| Last name | First name | Middle initial | Suffix |

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|---|---|---|---|
| | | | |
| Date of birth MM/DD/YYYY | County where you live | Phone number (optional) | Email (optional) |

| | | | | |
|---|---|---|---|---|
| | | | NY | |
| Address where you live (residence) Street | Apt | Village | State | Zip code |

**Delivery of Early Mail Election Ballot(s) (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 (mailing address):

Street No. Street Name Apt City State Zip

## Applicant Must Sign Below

I certify that I am a qualified and a 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: X** _____ **Date:** _____

MM/DD/YYY

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 or 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: _____

MM/DD/YYYY

**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.**

_____ **Signature of witness to mark**

Address of witness to mark

**Village of Springville Early Mail Ballot Application Detailed Instructions**

# Village Election Day is Tuesday March 16, 2027.

Use this application if you would like to receive an early mail ballot to submit before election day. All ballots must be submitted before 9 pm on election day in order to be canvassed.

**Complete the sections in the application and sign and date the application.**

Once the application is completed and signed, return the original to the Village of Springville Clerk's Office in person at 5 W. Main St Springville, NY 14141 during the hours of 8 am till 4 pm Monday-Friday or place the completed and signed original in the utility drop box on the front of 5 W. Main St (near Joylan Theater side). In person applications must be received no later than the day before elections, which would be March 15, 2027.

If you are mailing the application please mail to Village of Springville Clerk's Office, PO Box 17, Springville, NY 14141. If the application is submitted by mail, then the application must be received by the Village Clerk's office no later than March 9, 2027.

If you have any questions, please contact the Village Clerk/Treasurer Jennifer Haberl at 716-592-4936 X1467 or via email at jhaberl@villageofspringvilleny.gov. Applications and ballots cannot be submitted via email as they need to be original. Use the email address for questions only.

Ballots will not be sent out until the slate of candidates is determined and the ballot is created which should occur in late February 2027.

Thank you.