EARLY VOTING BALLOT APPLICATION

**CHEEKTOWAGA CENTRAL SCHOOL DISTRICT**

**3600 UNION ROAD**

**CHEEKTOWAGA, NY 14225**

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING**

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

Applicant's Name / /

 LAST FIRST INITIAL DATE OF BIRTH

Street Number & Address

City/Town/Village

 ZIP CODE

**MAIL BALLOT TO THIS ADDRESS:** Name

(please print) Street Number & Address

 City/Town/Village State Zip Code

* "I am a qualified voter of the Cheektowaga Central School District in that I am or will be, on the date of the school district election or vote, over 18 years of age, a citizen of the United States and have or will have resided in the Pioneer 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 materially false statement in the foregoing statement of application for early mail ballot, I shall be guilty of a misdemeanor.

\_\_\_\_\_\_\_\_\_\_\_\_2025 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (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.

If returning the application by mail address it to:

District Clerk

Cheektowaga Central School District

3600 Union Road

Cheektowaga, NY 14225

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

|  |  |
| --- | --- |
| Application received | Ballot (taken) received |
| Ballot sent | Ballot voted in office  |