

Village of Marcellus
Early Mail Ballot Application

Please print clearly.

To receive an early mail ballot: **By Mail:** Application must be received by the Village Clerk's office at 6 Slocombe Ave, Marcellus, NY 13108 not later than **Tuesday, March 10, 2026**. *Election Law §15-119(7)*. **In-Person:** Application must be personally delivered to the Village Clerk at 6 Slocombe Ave, Marcellus, NY 13108 not later than **Tuesday, March 17, 2026**. *Election Law §15-119(7)*.

The ballot must be received by the Village Clerk's office **no later than 9:00pm EST on Wednesday, March 18, 2026**. *Election Law §15-119(10)*.

I am requesting an early mail ballot <input type="checkbox"/> for the upcoming March 2026 Village election					
Last Name		First Name		Middle Initial	Suffix
Date of birth (MM/DD/YYYY)	County where you live	Phone Number (optional)		Email (optional)	
Street address where you live (residence)		Apt.	Village	State	Zip Code
Delivery of Early Mail Ballot (check one) <input type="checkbox"/> Deliver to me in person at Village Clerk's office <input type="checkbox"/> I authorize (given name): _____ to pick up my ballot from the Village Clerk <input type="checkbox"/> Mail ballot to me at: <input type="checkbox"/> Same address as above <input type="checkbox"/> Alternate address below					
Street Address		Apt.	City	State	Zip Code
Applicant Must Sign Below 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 materially false statement, shall subject me to the same penalties as if I had been duly sworn. Sign Here: _____ Date: _____ MM/DD/YYYY					
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.					
Name		Signature of witness to mark			
Address of witness to mark					