



East Ramapo Central School District

| | | |
|--|--|--|
| Voter Name (Last, First, Middle) | | |
| Residence Street Address | | |
| City, State and Zip | | |
| Mailing Address <small>(only if different from Residence Address)</small> | | |
| City, State and Zip | | |
| Date of Birth | ___ / ___ / _____ | |
| Gender (M or F) | | |
| Registration Date | ___ / ___ / _____ | |
| General Qualifications (All): | <input type="checkbox"/> I am a Citizen of the United States. <input type="checkbox"/> I am aged 18 years, or over. <input type="checkbox"/> I have been a resident of this School District for a period of 30 days or more. | |
| Voter Signature | X | |

| | | |
|--------------------------|------|--------------------------|
| X | | |
| District Clerk Signature | Date | Please scan and email to |

NTS Action: _____ By _____ Date _____