



REGINALD A. LAFAYETTE
Commissioner
Fax 914-995-7753
JEANNIE L. PALAZOLA
Deputy Commissioner

25 Quarropas Street
White Plains, NY 10601
914-995-5700
www.westchestergov.com/boe

DOUGLAS A. COLETY
VILLAGE MANAGER'S OFFICE
Commissioner
Fax 914-995-3190
2019 MAR 35 2:34 PM
DOROTHY L. DIPALO
Deputy Commissioner
VILLAGE OF MAMARONECK
NEW YORK

Honorable Robert Yamuder
Village of Mamaroneck
123 Mamaroneck Ave
Mamaroneck, NY 10543

March 29, 2019

Re: **Upcoming 2019 Elections**

Dear Mr. Yamuder,

The Westchester County Board of Elections extends our sincere thanks and appreciation for the use of your facility in our last election. Once again we are requesting use of MAMARONECK VILLAGE EMS as a poll site for the upcoming 2019 elections.

Election dates for the 2019 elections and polling place opening/closing times are as follows:

Primary Election:

June 25, 2019

5:30 AM – 9:30 PM

General Election:

November 5, 2019

5:30 AM – 9:30 PM

The County of Westchester will be responsible for any usage fees, if applicable. Additionally, the County maintains a Certificate of Insurance for your location which will be sent to you under separate cover at a later date. Insurance certificates are issued once a signed consent form is received for the site.

Please complete and return the **2019 Elections Consent Form** by fax to (914) 995-4223 or by mail in the enclosed envelope as soon as possible, but **no later than April 17, 2019**. If there are any issues with the usage of your facility as a designated polling site, or if you have any questions regarding the completion of the consent form, please contact Sheila Marcotte at (914) 995-5711 or Ryan Lofaro at (914) 995-8569. If there is additional paperwork to be completed as a condition of usage, please include said documentation with the form and this Board will complete any and all necessary paperwork. *Any change in voting site must be approved by the Board of Elections.*

Thank you for your continued support of the election process and assisting in a successful election.

Sincerely,

REGINALD LAFAYETTE
Commissioner

DOUGLAS A. COLETY
Commissioner

Enclosure



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DOROTHY L. DIPALO
Deputy Commissioner

MAMA 5 & 27

2019 ELECTIONS CONSENT FORM/PAYMENT VOUCHER

JUNE 25, 2019 & NOVEMBER 5, 2019

I, the undersigned, owner, or tenant of the premises known as:

MAMARONECK VILLAGE EMS
200 N BARRY AVE EXT
MAMARONECK, NY 10543

Please indicate the room where the voting will take place:

VOTING SITE: BAY AREA

USAGE FEE PER ELECTION: NONE

Located in the TOWN OF MAMARONECK, do hereby grant permission for the usage of the above-named premises for the purpose of a polling place for the upcoming 2019 elections.

1. PERMISSIVE CONTACT:

CHECKS PAYABLE TO (if applicable):

Name: _____
Company: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone Number: _____
E-mail Address: _____ Fax Number: _____

Signature Authorizing use of facility: _____

2. PLEASE CHECK ONE:

- ☐ I agree to allow the privacy booths to be set up when delivered with the voting machines, prior to Election Day.
☐ The privacy booths cannot be set up at delivery time. I will arrange for their set up prior to Election Day.
☐ I understand the election inspectors are not required to assemble privacy booths.

3. INSURANCE CERTIFICATE INFORMATION FOR INSURANCE PROVIDED BY WESTCHESTER COUNTY FOR USE OF FACILITY ON ELECTION DAYS.

CERTIFICATE HOLDER and ADDITIONALLY INSURED as shown in our records (make any necessary corrections below):

Mamaroneck Village EMS and Village of Mamaroneck, 123 Mamaroneck Ave, Mamaroneck, NY 10543

This form serves to satisfy any requirement of insurance companies or insurance policies that the Certificate Holder and any other specified entity be named as an additional insured on a primary basis "where required by written contract."

REGINALD LAFAYETTE
Commissioner

DOUGLAS A. COLETY
Commissioner

4. Please provide below the name, address and telephone number of the CONTACT PERSON for this polling place.

This person must be available and able to be contacted at the phone numbers provided should a problem arise with the opening/closing of the premises between 5:30 am and 9:30 pm.

ALL SITES MUST BE OPENED BY 5:30 am on Election Day

Name: _____

Address: _____ Phone # (H): _____

Phone # (W): _____ Cell # (recommended): _____

****FAX COMPLETED FORM BY April 17, 2019 TO: (914) 995-4223 – NO COVER SHEET REQUIRED****



REGINALD A. LAFAYETTE
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Deputy Commissioner

Honorable Robert Yamuder
Village of Mamaroneck
123 Mamaroneck Ave
Mamaroneck, NY 10543

March 29, 2019

Re: **Upcoming 2019 Elections**

Dear Mr. Yamuder,

The Westchester County Board of Elections extends our sincere thanks and appreciation for the use of your facility in our last election. Once again we are requesting use of MAMARONECK VILLAGE FIRE HQTRS as a poll site for the upcoming 2019 elections.

Election dates for the 2019 elections and polling place opening/closing times are as follows:

Primary Election:

June 25, 2019

5:30 AM – 9:30 PM

General Election:

November 5, 2019

5:30 AM – 9:30 PM

The County of Westchester will be responsible for any usage fees, if applicable. Additionally, the County maintains a Certificate of Insurance for your location which will be sent to you under separate cover at a later date. Insurance certificates are issued once a signed consent form is received for the site.

Please complete and return the **2019 Elections Consent Form** by fax to (914) 995-4223 or by mail in the enclosed envelope as soon as possible, but **no later than April 17, 2019**. If there are any issues with the usage of your facility as a designated polling site, or if you have any questions regarding the completion of the consent form, please contact Sheila Marcotte at (914) 995-5711 or Ryan Lofaro at (914) 995-8569. If there is additional paperwork to be completed as a condition of usage, please include said documentation with the form and this Board will complete any and all necessary paperwork. *Any change in voting site must be approved by the Board of Elections.*

Thank you for your continued support of the election process and assisting in a successful election.

Sincerely,

REGINALD LAFAYETTE
Commissioner

DOUGLAS A. COLETY
Commissioner

Enclosure



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DOROTHY L. DIPALO
Deputy Commissioner

MAMA 3

2019 ELECTIONS CONSENT FORM/PAYMENT VOUCHER

JUNE 25, 2019 & NOVEMBER 5, 2019

I, the undersigned, owner, or tenant of the premises known as:

MAMARONECK VILLAGE FIRE HQTRS
146 PALMER AVE
MAMARONECK, NY 10543

Please indicate the room where the voting will take place:

VOTING SITE: APPARATUS ROOM

USAGE FEE PER ELECTION: NONE

Located in the TOWN OF MAMARONECK, do hereby grant permission for the usage of the above-named premises for the purpose of a polling place for the upcoming 2019 elections.

1. PERMISSIVE CONTACT:

CHECKS PAYABLE TO (if applicable):

Name: _____
Company: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone Number: _____
E-mail Address: _____ Fax Number: _____

Signature Authorizing use of facility: _____

2. PLEASE CHECK ONE:

- ☐ I agree to allow the privacy booths to be set up when delivered with the voting machines, prior to Election Day.
☐ The privacy booths cannot be set up at delivery time. I will arrange for their set up prior to Election Day.
☐ I understand the election inspectors are not required to assemble privacy booths.

3. INSURANCE CERTIFICATE INFORMATION FOR INSURANCE PROVIDED BY WESTCHESTER COUNTY FOR USE OF FACILITY ON ELECTION DAYS.

CERTIFICATE HOLDER and ADDITIONALLY INSURED as shown in our records (make any necessary corrections below):

Mamaroneck Village Fire Hqtrs and Village of Mamaroneck, 123 Mamaroneck Ave, Mamaroneck, NY 10543

This form serves to satisfy any requirement of insurance companies or insurance policies that the Certificate Holder and any other specified entity be named as an additional insured on a primary basis "where required by written contract."

REGINALD LAFAYETTE
Commissioner

DOUGLAS A. COLETY
Commissioner

4. Please provide below the name, address and telephone number of the CONTACT PERSON for this polling place.

This person must be available and able to be contacted at the phone numbers provided should a problem arise with the opening/closing of the premises between 5:30 am and 9:30 pm.

ALL SITES MUST BE OPENED BY 5:30 am on Election Day

Name: _____

Address: _____ Phone # (H): _____

Phone # (W): _____ Cell # (recommended): _____

****FAX COMPLETED FORM BY April 17, 2019 TO: (914) 995-4223 – NO COVER SHEET REQUIRED****



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Deputy Commissioner

Honorable Robert Yamuder
Village of Mamaroneck
123 Mamaroneck Ave
Mamaroneck, NY 10543

March 29, 2019

Re: **Upcoming 2019 Elections**

Dear Mr. Yamuder,

The Westchester County Board of Elections extends our sincere thanks and appreciation for the use of your facility in our last election. Once again we are requesting use of MAMARONECK VOLUNTEER FIRE HOUSE as a poll site for the upcoming 2019 elections.

Election dates for the 2019 elections and polling place opening/closing times are as follows:

Primary Election:

June 25, 2019

5:30 AM – 9:30 PM

General Election:

November 5, 2019

5:30 AM – 9:30 PM

The County of Westchester will be responsible for any usage fees, if applicable. Additionally, the County maintains a Certificate of Insurance for your location which will be sent to you under separate cover at a later date. Insurance certificates are issued once a signed consent form is received for the site.

Please complete and return the **2019 Elections Consent Form** by fax to (914) 995-4223 or by mail in the enclosed envelope as soon as possible, but **no later than April 17, 2019**. If there are any issues with the usage of your facility as a designated polling site, or if you have any questions regarding the completion of the consent form, please contact Sheila Marcotte at (914) 995-5711 or Ryan Lofaro at (914) 995-8569. If there is additional paperwork to be completed as a condition of usage, please include said documentation with the form and this Board will complete any and all necessary paperwork. *Any change in voting site must be approved by the Board of Elections.*

Thank you for your continued support of the election process and assisting in a successful election.

Sincerely,

REGINALD LAFAYETTE
Commissioner

DOUGLAS A. COLETY
Commissioner

Enclosure



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Fax 914-995-3190
DOROTHY L. DIPALO
Deputy Commissioner

MAMA 2 & 28

2019 ELECTIONS CONSENT FORM/PAYMENT VOUCHER

JUNE 25, 2019 & NOVEMBER 5, 2019

I, the undersigned, owner, or tenant of the premises known as:

MAMARONECK VOLUNTEER FIRE HOUSE
643 MAMARONECK AVE
MAMARONECK, NY 10543

Please indicate the room where the voting will take place:

VOTING SITE: APPARATUS ROOM

USAGE FEE PER ELECTION: NONE

Located in the TOWN OF MAMARONECK, do hereby grant permission for the usage of the above-named premises for the purpose of a polling place for the upcoming 2019 elections.

1. PERMISSIVE CONTACT:

CHECKS PAYABLE TO (if applicable):

Name: _____
Company: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone Number: _____
E-mail Address: _____ Fax Number: _____

Signature Authorizing use of facility: _____

2. PLEASE CHECK ONE:

- ☐ I agree to allow the privacy booths to be set up when delivered with the voting machines, prior to Election Day.
☐ The privacy booths cannot be set up at delivery time. I will arrange for their set up prior to Election Day.
☐ I understand the election inspectors are not required to assemble privacy booths.

3. INSURANCE CERTIFICATE INFORMATION FOR INSURANCE PROVIDED BY WESTCHESTER COUNTY FOR USE OF FACILITY ON ELECTION DAYS.

CERTIFICATE HOLDER and ADDITIONALLY INSURED as shown in our records (make any necessary corrections below):

Mamaroneck Volunteer Fire House, 643 Mamaroneck Ave, Mamaroneck, NY 10543

This form serves to satisfy any requirement of insurance companies or insurance policies that the Certificate Holder and any other specified entity be named as an additional insured on a primary basis "where required by written contract."

REGINALD LAFAYETTE
Commissioner

DOUGLAS A. COLETY
Commissioner

4. Please provide below the name, address and telephone number of the CONTACT PERSON for this polling place.

This person must be available and able to be contacted at the phone numbers provided should a problem arise with the opening/closing of the premises between 5:30 am and 9:30 pm.

ALL SITES MUST BE OPENED BY 5:30 am on Election Day

Name: _____

Address: _____ Phone # (H): _____

Phone # (W): _____ Cell # (recommended): _____

****FAX COMPLETED FORM BY April 17, 2019 TO: (914) 995-4223 – NO COVER SHEET REQUIRED****



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DOUGLAS A. COLETY
Commissioner
Fax 914-995-3190
DOROTHY L. DIPALO
Deputy Commissioner
RECEIVED
VILLAGE MANAGER'S OFFICE
2019 MAR 35 P 3:41
VILLAGE OF MAMARONECK
NEW YORK

Honorable Robert Yamuder
Village of Mamaroneck
123 Mamaroneck Ave
Mamaroneck, NY 10543

March 29, 2019

Re: **Upcoming 2019 Elections**

Dear Mr. Yamuder,

The Westchester County Board of Elections extends our sincere thanks and appreciation for the use of your facility in our last election. Once again we are requesting use of COLUMBIA FIRE HOUSE as a poll site for the upcoming 2019 elections.

Election dates for the 2019 elections and polling place opening/closing times are as follows:

Primary Election:

June 25, 2019

5:30 AM – 9:30 PM

General Election:

November 5, 2019

5:30 AM – 9:30 PM

The County of Westchester will be responsible for any usage fees, if applicable. Additionally, the County maintains a Certificate of Insurance for your location which will be sent to you under separate cover at a later date. Insurance certificates are issued once a signed consent form is received for the site.

Please complete and return the **2019 Elections Consent Form** by fax to (914) 995-4223 or by mail in the enclosed envelope as soon as possible, but **no later than April 17, 2019**. If there are any issues with the usage of your facility as a designated polling site, or if you have any questions regarding the completion of the consent form, please contact Sheila Marcotte at (914) 995-5711 or Ryan Lofaro at (914) 995-8569. If there is additional paperwork to be completed as a condition of usage, please include said documentation with the form and this Board will complete any and all necessary paperwork. *Any change in voting site must be approved by the Board of Elections.*

Thank you for your continued support of the election process and assisting in a successful election.

Sincerely,

REGINALD LAFAYETTE
Commissioner

DOUGLAS A. COLETY
Commissioner

Enclosure



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DOROTHY L. DIPALO
Deputy Commissioner

RYET 2

2019 ELECTIONS CONSENT FORM/PAYMENT VOUCHER

JUNE 25, 2019 & NOVEMBER 5, 2019

I, the undersigned, owner, or tenant of the premises known as:

COLUMBIA FIRE HOUSE
601 N BARRY AVE
MAMARONECK, NY 10543

Please indicate the room where the voting will take place:

VOTING SITE: APPARATUS ROOM
USAGE FEE PER ELECTION: NONE

Located in the TOWN OF RYE, do hereby grant permission for the usage of the above-named premises for the purpose of a polling place for the upcoming 2019 elections.

1. PERMISSIVE CONTACT:

CHECKS PAYABLE TO (if applicable):

Name: _____
Company: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone Number: _____
E-mail Address: _____ Fax Number: _____

Signature Authorizing use of facility: _____

2. PLEASE CHECK ONE:

- ☐ I agree to allow the privacy booths to be set up when delivered with the voting machines, prior to Election Day.
☐ The privacy booths cannot be set up at delivery time. I will arrange for their set up prior to Election Day.
☐ I understand the election inspectors are not required to assemble privacy booths.

3. INSURANCE CERTIFICATE INFORMATION FOR INSURANCE PROVIDED BY WESTCHESTER COUNTY FOR USE OF FACILITY ON ELECTION DAYS.

CERTIFICATE HOLDER and ADDITIONALLY INSURED as shown in our records (make any necessary corrections below):

Columbia Fire House and Village of Mamaroneck, 123 Mamaroneck Ave, Mamaroneck, NY 10543

This form serves to satisfy any requirement of insurance companies or insurance policies that the Certificate Holder and any other specified entity be named as an additional insured on a primary basis "where required by written contract."

REGINALD LAFAYETTE
Commissioner

DOUGLAS A. COLETY
Commissioner

4. Please provide below the name, address and telephone number of the CONTACT PERSON for this polling place.

This person must be available and able to be contacted at the phone numbers provided should a problem arise with the opening/closing of the premises between 5:30 am and 9:30 pm.

ALL SITES MUST BE OPENED BY 5:30 am on Election Day

Name: _____

Address: _____ Phone # (H): _____

Phone # (W): _____ Cell # (recommended): _____

****FAX COMPLETED FORM BY April 17, 2019 TO: (914) 995-4223 – NO COVER SHEET REQUIRED****



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Honorable Robert Yamuder
Village of Mamaroneck
123 Mamaroneck Ave
Mamaroneck, NY 10543

March 29, 2019

Re: **Upcoming 2019 Elections**

Dear Mr. Yamuder,

The Westchester County Board of Elections extends our sincere thanks and appreciation for the use of your facility in our last election. Once again we are requesting use of HALSTEAD MANOR FIRE HOUSE as a poll site for the upcoming 2019 elections.

Election dates for the 2019 elections and polling place opening/closing times are as follows:

Primary Election:

June 25, 2019

5:30 AM – 9:30 PM

General Election:

November 5, 2019

5:30 AM – 9:30 PM

The County of Westchester will be responsible for any usage fees, if applicable. Additionally, the County maintains a Certificate of Insurance for your location which will be sent to you under separate cover at a later date. Insurance certificates are issued once a signed consent form is received for the site.

Please complete and return the **2019 Elections Consent Form** by fax to (914) 995-4223 or by mail in the enclosed envelope as soon as possible, but **no later than April 17, 2019**. If there are any issues with the usage of your facility as a designated polling site, or if you have any questions regarding the completion of the consent form, please contact Sheila Marcotte at (914) 995-5711 or Ryan Lofaro at (914) 995-8569. If there is additional paperwork to be completed as a condition of usage, please include said documentation with the form and this Board will complete any and all necessary paperwork. *Any change in voting site must be approved by the Board of Elections.*

Thank you for your continued support of the election process and assisting in a successful election.

Sincerely,

REGINALD LAFAYETTE
Commissioner

DOUGLAS A. COLETY
Commissioner

Enclosure



REGINALD A. LAFAYETTE
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Deputy Commissioner

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Fax 914-995-3190
DOROTHY L. DIPALO
Deputy Commissioner

RYET 4

2019 ELECTIONS CONSENT FORM/PAYMENT VOUCHER

JUNE 25, 2019 & NOVEMBER 5, 2019

I, the undersigned, owner, or tenant of the premises known as:

HALSTEAD MANOR FIRE HOUSE
1400 HALSTEAD AVE
MAMARONECK, NY 10543

Please indicate the room where the voting will take place:

VOTING SITE: APPARATUS ROOM

USAGE FEE PER ELECTION: NONE

Located in the TOWN OF RYE, do hereby grant permission for the usage of the above-named premises for the purpose of a polling place for the upcoming 2019 elections.

1. PERMISSIVE CONTACT:

CHECKS PAYABLE TO (if applicable):

Name: _____
Company: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone Number: _____
E-mail Address: _____ Fax Number: _____

Signature Authorizing use of facility: _____

2. PLEASE CHECK ONE:

- ☐ I agree to allow the privacy booths to be set up when delivered with the voting machines, prior to Election Day.
☐ The privacy booths cannot be set up at delivery time. I will arrange for their set up prior to Election Day.
☐ I understand the election inspectors are not required to assemble privacy booths.

3. INSURANCE CERTIFICATE INFORMATION FOR INSURANCE PROVIDED BY WESTCHESTER COUNTY FOR USE OF FACILITY ON ELECTION DAYS.

CERTIFICATE HOLDER and ADDITIONALLY INSURED as shown in our records (make any necessary corrections below):

Halstead Manor Fire House and Village of Mamaroneck, 123 Mamaroneck Ave, Mamaroneck, NY 10543

This form serves to satisfy any requirement of insurance companies or insurance policies that the Certificate Holder and any other specified entity be named as an additional insured on a primary basis "where required by written contract."

REGINALD LAFAYETTE
Commissioner

DOUGLAS A. COLETY
Commissioner

4. Please provide below the name, address and telephone number of the CONTACT PERSON for this polling place.

This person must be available and able to be contacted at the phone numbers provided should a problem arise with the opening/closing of the premises between 5:30 am and 9:30 pm.

ALL SITES MUST BE OPENED BY 5:30 am on Election Day

Name: _____

Address: _____ Phone # (H): _____

Phone # (W): _____ Cell # (recommended): _____

****FAX COMPLETED FORM BY April 17, 2019 TO: (914) 995-4223 – NO COVER SHEET REQUIRED****