

APPLICATION FOR A VOTE-BY-MAIL BALLOT

NAME OF ELECTION _____
DATE OF ELECTION _____

To request a Vote-by-Mail ballot, complete the information on this form. This application must be received by the Elections Official no later than 7 days prior to Election Day.

1. PRINT NAME: 2. DATE OF BIRTH: _____

First Name Middle Name or Initial Last Name

3. RESIDENCE ADDRESS (please print):

Number and Street - as registered (P.O. Box, Rural Route, etc. not acceptable) (Designate N.S.E.W. if used)

City County Zip Code

4. TELEPHONE NUMBER: (____) _____ (____) _____
(Optional) Daytime Evening

5. MAILING ADDRESS FOR BALLOT, IF DIFFERENT FROM ABOVE. (PLEASE PRINT)
NOTE: ORGANIZATIONS DISTRIBUTING THIS FORM MAY NOT PREPRINT MAILING ADDRESS INFORMATION.

Number and Street/P.O. Box (Designate N.S.E.W. if used)

City U.S. State or Foreign Country Zip Code

6. THIS APPLICATION FORM WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT

I have not applied for, nor do I intend to apply for, a ballot from any other jurisdiction for this election. I certify under penalty of perjury under the laws of the State of California that the name, residence address and information I have provided on this application are true and correct.

SIGNATURE Date

WARNING: Perjury is punishable by imprisonment in state prison for two, three or four years. (Section 126 of the California Penal Code)

FOR OFFICIAL USE ONLY

NOTICE - You have the legal right to mail this form to:

Registrar of Voters
2724 Gateway Drive
Riverside, CA 92507

Any voter wishing to become a Permanent Vote-by-Mail Voter can call our office at (951) 486-7200 for further information.

Returning this application to anyone else may cause a delay that could interfere with your right or ability to vote.

The format used on this application MUST be used by ALL individuals, organizations, and groups that distribute Vote-by-Mail applications. Failure to conform to this format may result in criminal prosecution. Elec. Code Secs. 3007 & 18402

Under Federal law, election material is available in other languages in Riverside County 1-800-773-VOTE.

7. THIS FORM IS PROVIDED BY: _____
IMPORTANT: ORGANIZATIONS PROVIDING THIS FORM MUST ENTER THEIR NAME, ADDRESS AND TELEPHONE NUMBER