

EMERGENCY VOTE BY MAIL BALLOT APPLICATION – AFTER NOVEMBER 1, 2016
PRESIDENTIAL GENERAL ELECTION – NOVEMBER 8, 2016

PLEASE PRINT:

REGISTERED NAME

First Name Middle Name Last Name Date of Birth

RESIDENCE ADDRESS (Do not use a PO Box Number)

Number and Street (Designate N, S, E, W if used) City Zip

This application cannot be used by groups, organizations or individuals distributing Vote by Mail applications. There is a special format required by law (E.C. 3007) that is available at your local Registrar of Voters.

Election law now permits any voter to be a **Permanent Vote by Mail Voter**. If you would like to be a Permanent Vote by Mail Voter check this box.

Due to illness or unforeseen circumstance I am unable to vote at my polling place on Election Day. I declare under penalty of perjury that this information is true and correct. I have not and will not apply for Vote by Mail ballot by any other means. I authorize the bearer of this request to pick up my ballot and deliver it to me. (EC 3021)

Signature of Applicant (Do Not Print) Date Daytime Phone

This form was provided by County of Sacramento Voter Registration and Elections.