

COUNTY OF SACRAMENTO
Voter Registration and Elections
7000 65th Street, Suite A, Sacramento, CA 95823-2315
(916) 875-6269 Fax (916) 854-9796

PERMANENT VOTE BY MAIL VOTER APPLICATION

If you wish to apply for Permanent Vote by Mail voter status, please print and complete the attached application, sign it and return it to Voter Registration and Elections. It is not legal for someone else to sign for you. * If you are not able to sign your name, you may make a mark which shall be witnessed by one person.

Failure to return a ballot in four (4) consecutive statewide General Elections will automatically remove you from the Permanent Vote by Mail Voters List. This will not cancel your affidavit of registration, but you will need to reapply for Permanent Vote by Mail Voter status.

If you have any questions, please call our office at the number listed above.

PERMANENT VOTE BY MAIL VOTER APPLICATION

NAME: (Please Print) _____
 First Middle Last

RESIDENCE ADDRESS: _____
 Number and Street

 City State Zip

MAILING ADDRESS: _____
 Number and Street, or P.O. Box

 City State Zip

PHONE: _____ **DATE OF BIRTH:** _____

SIGNATURE: _____

* If a voter is unable to sign, he or she may make a mark which shall be witnessed by one person.

Witness to signature mark: _____