APPLICATION FOR A VOTE BY MAIL BALLOT FOR THE MAY 19, 2009 STATEWIDE SPECIAL ELECTION

To obtain a vote by mail ballot, complete the information on this form. An incomplete application may cause a delay that could interfere with your right or ability to vote. This application must be received by the elections official no later than 5 pm on May 12, 2009.

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 (**NO** P.O. Boxes, Rural routes, etc...) (Designate N, S, E, W if used)

City | State | Zip Code

4. TELEPHONE NUMBER: ( ) _____ daytime (optional) ( ) _____ evening (optional)

5. PRINT MAILING ADDRESS FOR BALLOT (If different from above):

Note: Organizations distributing this form may not preprint mailing address information.

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

City | U.S. State or Foreign Country | Zip Code

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

6. I have not applied for, nor do I intend to apply for, a vote by mail 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 and residence 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)

***NOTE:** Organizations distributing this form may not preprint check mark or political party name.

7. THIS FORM IS PROVIDED BY: _____

IMPORTANT: organizations providing this form must enter their name, address, and telephone number.

FOR OFFICIAL USE ONLY

Con # _____

Ballot Type _____

Party _____

Voter _____

Notice

You have the legal right to mail or deliver this application directly to the local elections official of the County of San Luis Obispo. (805) 781-5228.

San Luis Obispo County, Elections Division
1055 Monterey St. Suite D120
San Luis Obispo CA 93408

Or

San Luis Obispo County, Elections Division
PO Box 8102
San Luis Obispo CA 93403-8102

Returning this application to anyone other than your elections official may cause a delay that could interfere with your ability to vote.

☐ **Permanent Vote By Mail Voter.**
Check here if you wish to become a Permanent Vote by Mail Voter.

The format used on this application **MUST** be used by **ALL** individuals, organizations and groups that distribute vote by mail ballot applications.

Election Code Section 3007

Failure to conform to this format may result in criminal prosecution.

Election Code Section 18402