

**REQUEST FOR VOTE BY MAIL BALLOT**  
**(Request Authorizing an Individual to Pickup a ballot for a Voter)**  
Pursuant to Elections Code Section 3021

CON# \_\_\_\_\_ BT \_\_\_\_\_  
Precinct \_\_\_\_\_  
Affidavit # \_\_\_\_\_  
Party \_\_\_\_\_ NOP Party \_\_\_\_\_

I, \_\_\_\_\_, am at least 18 years old and a U.S. Citizen,  
(Please print name)  
and a registered voter residing in the County of San Luis Obispo. I hereby declare that I will be  
unable to go to the Polls on \_\_\_\_\_, for one of the following reasons:

(CIRCLE REASON):

1. Illness or disability resulting in my confinement in a hospital, sanatorium, nursing home, or my place of residence;
2. Inability due to physical handicap;
3. Inability due to such physical handicap and existing architectural barriers at my polling place which deny my physical access to the polling place, voting booth, or voting apparatus or machinery;
4. Any other conditions which will result in my absence from the precinct on election day;

I authorize \_\_\_\_\_ to pickup my ballot and deliver it to  
me. (Name)

**If you are not presently affiliated with any qualified political party please see box below:**

I am not presently affiliated with any qualified political party. However, for this election ONLY, I request a Vote by Mail ballot for the \_\_\_\_\_ Party.

I understand that, after voting the ballot, I shall return the ballot personally or through the above authorized representative, to either the County Clerk-Recorders' Office or to any polling place within the County of San Luis Obispo, no later than 8:00pm on the day of the election.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, CA.  
(City)

\_\_\_\_\_  
Signature of Voter

\_\_\_\_\_  
Residence Address of Voter

I wish to become a Permanent Vote by Mail Voter