

CON# _____ BT _____

Precinct _____

ID # _____

REQUEST FOR VOTE BY MAIL BALLOT

Last week before the Election

(Request Authorizing an Individual to Pickup a ballot for a Voter)

Pursuant to Elections Code Section 3021

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:

(Date of Election)

(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 -- OR -- If for Self, write N/A)

I understand that, after voting the ballot, I shall return the ballot personally or through the above authorized representative to either the County Clerk-Recorder's 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