

**NOVEMBER 6, 2018 CONSOLIDATED GENERAL ELECTION  
NOTICE TO VOTER: VOTING TWICE IS A FELONY!** EC18560(b)

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 and requesting the following: mark the applicable box(es) below.

**REQUEST FOR VOTE- BY- MAIL BALLOT**

I hereby declare that I will be unable to go to the Polls on Election Day for one of the following reasons:

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

I understand that, after voting the ballot, I shall return the ballot personally or through the below 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.

**STATEMENT OF LOST BALLOT**

I request a replacement ballot because my ballot was destroyed, not received or has been lost.

**SPOILED BALLOT**

**AUTHORIZATION FOR INDIVIDUAL TO PICK UP AND/OR RETURN BALLOT**

I authorize \_\_\_\_\_ to pickup and/or return my ballot.

**CHANGE OF ADDRESS AND REQUEST FOR VOTE-BY-MAIL BALLOT- NOTE: You cannot change your address unless you appear in the office of the County Clerk-Recorder!**

I have moved since the last election and did not complete a new voter registration card. Complete old residence address information below.

**Old Residence Address** \_\_\_\_\_

I am fully aware of the provisions of Section 18560(b) of the Elections Code of the State of California which provides that voting twice constitutes a felony.

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

Executed on \_\_\_\_\_ 2018, at \_\_\_\_\_, CA.  
(City)

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

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

\_\_\_\_\_  
Mailing Address (if any)

Please place my name on the Permanent Vote-by-Mail Voter list.

Please remove my name from the Permanent Vote-by-Mail Voter list.