

VOTE BY MAIL APPLICATION

Sutter County Elections
1435 Veterans Memorial Circle
Yuba City, CA 95993
Phone: 530-822-7122 Fax: 530-822-7587

I request Permanent Vote by Mail Status. I understand I will automatically be mailed a Vote by Mail ballot before every future election. If I fail to return a voted Vote by Mail ballot for **four consecutive statewide general elections**, my Permanent Vote by Mail status will be **revoked**. (EC 3206) **Presidential Primary Election only:** I am not presently affiliated with a political party. I request a ballot for the

_____ Party. Election Date: _____

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|--|--|-------------------|
| Name (Please Print) | | Birth Date |
| Resident Address (PO Box Not Valid) | | |
| City, State, and Zip (Must re-register if you change your address) | | |
| Mailing Address (If different from residence) | | |
| City, State, and Zip | | |
| Phone Number | Signature (Must be signed to be valid) | |

I have not applied for a vote by mail ballot for this election by any other means. I certify under penalty of perjury under the laws of California that the name and residence on this application are true and correct. This application must be received in our office by no later than 5PM, 7 days before Election Day.

INSTRUCTIONS

Complete and sign the Vote by Mail application above. If you would prefer to receive your ballot by mail one month before **every** election, please mark the **I request Permanent Vote by Mail Status** above. Mail or fax the application so it is **RECEIVED** at the Elections Office by no later than 5 PM, 7 days before Election Day.

MAIL:

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IMPORTANT: Remember to re-register to vote if you change your residence or mailing address or change your name.