

**SUTTER ELECTIONS CERTIFICATE OF REGISTRATION APPLICATION**

1435 Veterans Memorial Circle, Yuba City, CA 95993

530-822-7122 / Fax 530-822-7587

(EC 2167)

Pursuant to Section 2167 of the Election Code, I hereby request to purchase a Certificate of Registration from the Sutter County Registrar of Voters (\$1.50). I understand information furnished on this application is subject to verification and I will need to provide my valid identification card.

<p><b>"I certify under penalty of perjury, under the laws of the State of California, that the information provided by me is true and correct."</b></p> <p><b>Signature of Applicant:</b> _____</p> <p><b>Place of Signing:</b> _____ <b>Date:</b> _____</p>
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NAME: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_  
(Not P.O. Box)

PHONE NUMBER: \_\_\_\_\_

REASON FOR INFORMATION:  CCW  Other: \_\_\_\_\_

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**For Office Use Only**

Date Paid: \_\_\_\_\_ Total Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Reviewed by: \_\_\_\_\_