

## EMERGENCY VOTE BY MAIL BALLOT APPLICATION

*(This form is to be used during the last 7 days before the election. Please print and deliver this form in person to our office, 1435 Veterans Memorial Circle, Yuba City, CA 95993)*

### PLEASE PRINT:

#### REGISTERED NAME

\_\_\_\_\_

First Name

Middle Name

Last Name

Date of Birth

#### RESIDENCE ADDRESS (Do not use a PO Box Number)

\_\_\_\_\_

Number and Street (Designate N, S, E, W if used)

City

Zip

This application cannot be used by groups, organizations or individuals distributing Vote by Mail applications. There is a special format required by law (E.C. 3007) that is available at your local Registrar of Voters.

Election law now permits any voter to be a **Permanent Vote by Mail Voter**. If you would like to be a Permanent Vote by Mail Voter check this box.

Due to illness or unforeseen circumstance I am unable to vote at my polling place on Election Day. I hereby authorize

\_\_\_\_\_ to pick up my Vote by Mail ballot. I declare under penalty of perjury that

this information is true and correct. I have not and will not apply for Vote by Mail ballot by any other means.

\_\_\_\_\_  
Signature of Applicant (Do Not Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone

This form was provided by Sutter County Elections.