



MARK A. LUNN

Clerk Recorder/Registrar of Voters
Elections Division, L-1200
800 South Victoria Avenue
Ventura, CA 93009-1200

VOTE BY MAIL BALLOT APPLICATION AND AUTHORIZATION TO PICK-UP BALLOT

After the close of the period for requesting a Vote By Mail ballot by mail, in compliance with the provisions of Section 3021 of the California Elections Code, I, the undersigned, apply for a Vote By Mail Ballot for the

_____ Election, on _____.
(Election Name) (Date of Election)

I will be unable to go to the polls on Election Day because of illness or disability resulting in my confinement in a hospital, sanatorium, nursing home, or place of residence; or other conditions resulting in my absence from my precinct on Election Day.

I authorize _____ to pick up and deliver my Vote By Mail ballot.

Print Voter's Name

Ventura County Residence Address

City State Zip Code

Mailing Address (if different from above)

City State Zip Code

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

Voter's signature _____ **Date** _____

If unable to sign, the voter's mark must have one witness.

If applicable, witness signature only _____