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 ___________________________________________________________________