



MARK A. LUNN
 Clerk-Recorder, Registrar of Voters
 Elections Division, L-1200
 800 South Victoria Avenue
 Ventura, CA 93009-1200

**VOTE BY MAIL FACSIMILE
 BALLOT REQUEST**

1. Which Election?

Enter the election date and type of election. This request must be received by the Elections Division office not later than seven (7) days prior to the date of the election. A facsimile ballot will not be sent to you if this request form is incomplete or inaccurate.

Month/Day/Year	_____
Type of Election (Primary, General, or Special)	_____

2. What is your name and address?

Your facsimile ballot will be sent to this address.

First Name	_____	Street (No P.O. Box)	_____
Middle Name or Initial	_____	Apt./Unit number	_____
Last Name	_____	City	_____
Date of Birth	_____	State and Zip Code	_____

3. Where would you like your facsimile ballot delivered? (If different from above)

If your mailing address is outside of the U.S.

Number and Street/P.O. Box	_____
City	_____
State or Foreign Country	_____
Zip Code	_____

Contact information: (optional) Where you may be reached if there is a problem with your request.	Phone number, including area code: _____ Email: _____ Fax number, including area code: _____
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Facsimile ballot language preference:	<input type="checkbox"/> Tagalog <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese
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4. This form must be signed.

Sign here	X	Today's date	/	/
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Mail completed form to: Elections Division, 800 South Victoria Avenue, Ventura, CA 93009-1200
 Fax to: (805) 648-9200
 E-mail to: VenturaVoterRegistration@ventura.org