



**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: \_\_\_\_\_

Facsimile ballot language preference:

Tagalog     Chinese     Vietnamese     Gujarati

**4. This form must be signed.**

Sign here **X** Today's date    /    /

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](mailto:VenturaVoterRegistration@ventura.org)