



MARK A. LUNN
Clerk-Recorder, Registrar of Voters
Ventura County Elections Division
800 South Victoria Avenue
Ventura, CA 93009-1200
Phone: (805) 654-2664 or (800) 500-3555
Fax: (805) 648-9200
Email: VenturaVoterRegistration@ventura.org

For Office Use

Remote Accessible Vote By Mail (RAVBM)

The Registrar of Voters office is committed to ensuring all voters can participate in elections and provides various accessible programs and services to help voters cast their vote.

Voters can request and receive access to the Remote Accessible Vote By Mail (RAVBM) system to obtain an official ballot by submitting the RAVBM application. The RAVBM system allows voters to download and mark their ballot privately and independently using their own assistive technology, print a marked ballot, and return it to the Elections Division to be counted.

In order to login to the RAVBM system and mark a ballot, the voter will need a Voter Access Code. After receipt of the RAVBM application, an email titled Official Vote By Mail Ballot will be sent providing the voter with the link for the service and a Voter Access Code. Access the service anytime, day or night. Marked ballots must be printed and returned to Ventura County Elections Division by mail or in person.

For more information on accessible voting, contact our office at (805) 654-2664 or (800) 500-3555.

Application for Remote Accessible Vote By Mail

SEPTEMBER 14, 2021 CALIFORNIA GUBERNATORIAL RECALL ELECTION

Complete this application and submit to the Ventura County Elections Division via email, fax, mail or hand delivery.

Full Name: _____ Date of Birth: _____
Last First M.I. Month/Day/Year

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

REQUIRED

Attestation and Signature

I hereby request that a ballot be issued through the Remote Accessible Vote By Mail system.
I understand that voting twice in the same election constitutes a crime.
I declare under penalty of perjury that the information on this form is true, accurate, and complete to the best of my knowledge.

Signature: _____ **Date:** _____

If the voter is unable to sign, the voter must make a mark and a witness signature is required.
(Power of Attorney is not acceptable)
If applicable, witness signature only: _____