EMERGENCY VOTE BY MAIL BALLOT APPLICATION – AFTER NOVEMBER 1, 2016
GENERAL ELECTION – NOVEMBER 8, 2016

(This form is to be used during the last 7 days before the election. Please print and deliver this form in person to our office, 1435 Veterans Memorial Circle, Yuba City, CA 95993)

PLEASE PRINT:
REGISTERED NAME

_____ _____
First Name Middle Name Last Name Date of Birth

RESIDENCE ADDRESS (Do not use a PO Box Number)

_____
Number and Street (Designate N, S, E, W if used) City Zip

This application cannot be used by groups, organizations or individuals distributing Vote by Mail applications. There is a special format required by law (E.C. 3007) that is available at your local Registrar of Voters.

☐ Election law now permits any voter to be a **Permanent Vote by Mail Voter**. If you would like to be a Permanent Vote by Mail Voter check this box.

Due to illness or unforeseen circumstance I am unable to vote at my polling place on Election Day. I hereby authorize _____to pick up my Vote by Mail ballot. I declare under penalty of perjury that this information is true and correct. I have not and will not apply for Vote by Mail ballot by any other means.

_____
Signature of Applicant (Do Not Print) Date Daytime Phone

This form was provided by Sutter County Elections.