

Permanent Vote-by-Mail Voter Application

Instructions:

1. Print out this application, fill in the blanks – including your signature, and mail or return it to the Elections Office at the address below.

OR

2. You can use your computer to fill in the blanks, print out the completed application, sign it, and mail or return it to the address below.

You will remain on the Permanent Vote-by-Mail Voter list for all future elections unless you request in writing to have your name withdrawn **OR** you fail to vote in a statewide primary or general election.

PERMANENT VOTE-BY-MAIL BALLOT APPLICATION

*** PLEASE PRINT ***

1 NAME: _____
First Middle Last

2 DATE OF BIRTH _____ **3 E-MAIL:** _____

4 ADDRESS WHERE YOU LIVE (Do not use P.O. Box Number or other mailing address)

Number and Street

City State Zip Code

5 TELEPHONE: _____ **6 DRIVER'S LICENSE NO.** _____

7 MAILING ADDRESS FOR BALLOT (If different from above):

Number and Street or P.O. Box Number

City State Zip Code

8 SIGNATURE. "I certify under penalty of perjury that the information on this application is true and correct." (Penal Code §126)

 _____
Your signature as registered to vote

FOR OFFICIAL USE ONLY

Simply return this application to the Humboldt County Elections Office in person or by mail to:

ELECTIONS OFFICE
3033 H Street, Room 20
Eureka, CA 95501
707-445-7678

Returning this application to anyone other than your elections official may cause delay that could interfere with your right to vote. Return at least 7 days before the next election in order to receive a ballot by mail for that and all future elections.

Date: _____