

VOTE-BY-MAIL BALLOT APPLICATION

Department of Elections, City & County of San Francisco

NOVEMBER 2, 2010 CONSOLIDATED GENERAL ELECTION

For Official Use Only

THIS FORM IS NOT TO BE REPRODUCED

To obtain a ballot, complete the information on this form.

This application must be received by the San Francisco Department of Elections no later than

5:00 PM on Tuesday, October 26, 2010. Mail or fax application to:

City Hall, 1 Dr. Carlton B. Goodlett Place, Rm. 48, San Francisco, CA 94102-4634; Fax: (415) 554-4372.

INITIALS:

DATE:

DATE OF BIRTH: ____ ~ ____ ~ ____

LAST NAME (PLEASE PRINT) _____

FIRST NAME (PLEASE PRINT) _____

M.I.

San Francisco, CA

9 | 4 | 1 | _____

Zip Code

RESIDENCE ADDRESS (where you live) _____

City _____

MAILING ADDRESS (where you want your ballot sent, if different from above) _____

STATE _____

COUNTRY _____

ZIP CODE _____

AREA CODE _____

DAY TIME TELEPHONE _____

PERMANENT VOTE-BY-MAIL VOTER

Check here to become a Permanent Vote-by-Mail Voter. Any voter may request to be a Permanent Vote-by-Mail Voter. If you check the box above and sign here _____ a ballot will automatically be sent to you for future elections. Failure to vote in two consecutive statewide general elections will cancel your Permanent Vote-by-Mail Voter Status and you will need to reapply. If you have questions concerning voting by mail, please call our office at (415) 554-4411. (CA Elections Code Section 3201 & 3206)

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT.

I have not and will not apply for a ballot for this election by any other means. I certify, under penalty of perjury, laws of the State of California, that the name and residence address on this application are true and correct.

MAIL

SIGNATURE: _____

DATE: _____

WARNING: Perjury is punishable by imprisonment in state prison for two, three, or four years. (CA Penal Code, Section 126)