



# Application for a vote-by-mail ballot

This is for the election to be held on: (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name**

\_\_\_\_\_

**Address Where You Live:** (Do not use P.O. Box number):

\_\_\_\_\_

\_\_\_\_\_

**Check if you wish to vote by mail permanently**

If you check the above box, a ballot will automatically be sent to you for future elections. Failure to vote in two statewide general elections may cancel your Permanent Vote by Mail Voter Status and you will need to reapply. If you have questions concerning voting by mail ballot, telephone (209) 533-5570.  
EC § 3206

**Mailing Address For Ballot** (If different from address where you live):

**Telephone** (Optional):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:**

I have not applied, nor do I intend to apply, for a vote by mail ballot from any other jurisdiction for this election. I certify under **penalty of perjury** under the laws of the State of California that the information provided is true and correct.

**X** \_\_\_\_\_

 Perjury is punishable by imprisonment in state prison for two, three, or four years. (Section 126 of the California Penal Code)

If ballot is to be mailed, this application must be received by the Tuolumne County Elections Department no later than seven (7) days prior to the date of the election.

**Return this application to:**

Tuolumne County Elections Department  
2 S. Green St, Sonora, CA 95370

For Office Use Only:	
Voter ID:	
Voting Precinct:	Party:
BT:	Date: