SDVOT COUNTY OF SAN DIE REGISTRAR OF VOTE	First Supervise	vide Vote-By-Mail Ballot to Representative April 8, 2025 orial District, Special Primary Election	
•	voter's representative. This	voter may apply in writing for a vote-by-mail application must be provided in person to the	
1. VOTER'S NAME:		2. DATE OF BIRTH:	
First Middle		Month/Day/Year	
3. RESIDENCE ADDRES	S:		
Number and Street (P.O. Box w	/ill not be accepted)		
City	State	Zip Code	
4. TELEPHONE NUMBER	R (OPTIONAL):		
5. VOTER'S STATEMENT AND AUTHORIZATION:			
l authorize		to obtain my ballot and deliver it to me.	
	thorized Representative		
<b>6. CERTIFICATION:</b> I certify under penalty of perjury under the laws of the State of California that the information I have provided on this application is true and correct.			
Signature of Voter (Do N	ot Print):	Date:	
Warning: Perjury is a felony, punishable by imprisonment in state prison for up to four years. (Penal Code § 126)			
If a voter is unable to sign, they may make a mark which shall be witnessed.			
7. WITNESS (IF APPLICA	ABLE):		
Witness Signature:			
8. REPRESENTATIVE'S STATEMENT (to be signed in the presence of the elections official):			
I, Authorized Representative	_, acknowledge receipt of _	's vote-by-mail ballot. Name of Voter	

QUESTIONS?	(858) 565-5800
TOLL FREE:	(800) 696-0136

## Further information provided on the back

## HOW TO FILL OUT THIS APPLICATION

**ITEM 1.** Print your first, middle, and last names as they appear on your Voter Registration Card.

**ITEM 2.** Print your date of birth in this order—month, day, year.

**ITEM 3.** Print the complete street address of your voting residence. A post office box or rural route cannot be accepted.

ITEM 4. Print your telephone number. (Optional)

**ITEM 5.** Print the Authorized Representative's name.

**ITEM 6.** Sign application and print date in this order—month, day, year.

**ITEM 7.** If a voter is unable to sign, they may make a mark which shall be witnessed. Witness will sign, if applicable.

**ITEM 8.** To be signed in the presence of the elections official.

## HOW TO SUBMIT THE APPLICATION

## **IN-PERSON:**

Registrar of Voters 5600 Overland Ave, Suite 100 San Diego, CA 92123

Office Hours: Monday through Friday 8:00 a.m. to 5:00 p.m.