

FOR ROV USE ONLY		
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## REMOTE ACCESSIBLE VOTE-BY-MAIL APPLICATION

Voters with a disability may request and receive access to a Remote Accessible Vote-By-Mail System. This system allows voters with a disability to download and mark their ballot privately and independently using their own assistive technology, print their marked ballot, and mail it to the Registrar's office to be counted.

If you are not already, you must first sign up to become a permanent mail ballot voter for the Remote Accessible Vote-By-Mail System.

## Applicant Statement

I am requesting to become a permanent mail ballot voter. A mail ballot will automatically be sent to me in all future elections. I understand that if I fail to vote by mail in four consecutive statewide general elections, I will need to reapply for permanent mail ballot voter status (California Elections Code sections 3201 and 3206).

Applicant Information				
Full Name:_	First MI	Date ofBirth:		
Address:	Residence address in San Diego County (not a P.O. Box or Business)			
	City	State Zip Code		
YES	Check the box if you have a disability and would like to use the Accessible Vote-By-Mail System. Please provide your email.			
Email:	Phone:			
	Required	Optional		
	Disclaim	er and Signature		
	l certify under penalty and perju	y that this information is true and correct.		
Signature:	Or mark an "X" if unable to sign (Power of Atto	Date:		
If the voter is	unable to sign, s/he may make a mark witnesse	ed by at least one person		