

APPLICATION FOR A "VOTE BY MAIL" BALLOT

City of Glendale
General Municipal Election
April 4, 2017

To obtain a "Vote by Mail" ballot,
complete the information on this form.

FOR OFFICIAL USE ONLY:

Precinct No.

Ballot No.

Date Issued

Date Returned

Use area below for barcode of voter id # and identification number

This application must be received by the elections official not later than **March 28, 2017.**

NOTICE

You have the legal right to mail or deliver this application directly to the local elections official where you reside. The below address is the only appropriate destination address for mailing this application.

THIS ADDRESS IS:

**Office of the City Clerk
and Election Services**
613 E. Broadway, Room 110
P O Box 2005
Glendale, CA 91206-4393
(818) 548-2090, fax (818) 241-5386

Returning this application to anyone other than your elections official may cause a delay that could interfere with your right or ability to vote.

The format used on this application MUST be used by ALL individuals, organizations, and groups who distribute Vote by Mail ballot applications. CA Elections Code 3007.

Failure to conform to this format may result in criminal prosecution. CA Elections Code 18402.

Any voter may apply as a PERMANENT VOTE BY MAIL VOTER. Contact your local COUNTY ELECTIONS OFFICIAL for further information.

Print Name

Date of Birth (mo/day/yr):

First

Middle

Last

PRINT MAILING ADDRESS FOR BALLOT

(If different from your residence address)

Note: Organizations distributing this form may NOT preprint the mailing address information.

Residence Address in the City **(PO Box, Rural Route not acceptable)**

Number & Street / P.O. Box

City and Zip

Telephone Number

City

State

Zip

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

I have not applied, nor do I intend to apply for, a Vote by Mail ballot for this election by any other means. I certify under **penalty of perjury** under the laws of the State of California that the name and residence address and information I have provided on this application are true and correct.

X _____ DATE _____

SIGNATURE OF APPLICANT

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

THIS FORM IS PROVIDED BY _____

Important: organizations providing this form must enter their name, address & telephone number

NOTE: Use of barcoding of the voter's identification number somewhere on this form will assist in a faster turn-around of the Vote by Mail ballot.

English