

VOTE-BY-MAIL BALLOT APPLICATION

Department of Elections, City & County of San Francisco

NOVEMBER 8, 2011 MUNICIPAL 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, November 1, 2011. 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 |

RESIDENCE ADDRESS (where you live)

Zip Code

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

City

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)