

APPLICATION FOR A VOTE BY MAIL BALLOT

FOR OFFICIAL USE ONLY:



CITY of CALABASAS

City of Calabasas Special Municipal Election, Tuesday, March 3, 2020

To obtain a Vote by Mail ballot, complete the information on this form. This application must be received by the elections official not later than 7 days prior to the election by **February 25, 2020**

Print Name _____ Date of Birth (mo/day/yr): _____

First Middle Last

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

City and Zip _____

Telephone Number (optional) _____ Email Address (optional) _____

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.)

PRINT MAILING ADDRESS FOR BALLOT
(If different from your residence address)
Note: Organizations distributing this form may **NOT** preprint the mailing address information.

Number & Street / P.O. Box

City State Zip

NOTICE

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

THIS ADDRESS IS:
Office of the City Clerk
100 Civic Center Way
Calabasas, CA 91302
818-224-1600 T
818-225-7324 F

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.

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.

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