

APPLICATION FOR PERMANENT VOTE BY MAIL STATUS

I hereby apply for status as a Permanent Vote by Mail Voter in Alameda County. Please print name and residence address (DO NOT use P.O. Box)

FIRST NAME	MIDDLE NAME	LAST NAME
NUMBER & STREET (Designate N. S. E. W.)		CITY
		ZIP CODE

Mailing address for Ballot (If different from residence)

STREET OR P.O. BOX		
CITY	STATE	ZIP CODE

The Application will NOT be accepted without the signature of the applicant or applicant's mark if unable to sign.

X _____
 SIGNATURE DATE

 Voter's mark if unable to sign (signature of witness required)

Witness Signature _____

FOR OFFICE USE ONLY

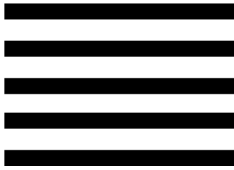
Date Received _____

If a Permanent Vote by Mail Voter fails to return a voted ballot by Election Day for 4 consecutive Statewide General Elections, the voter's Vote by Mail status will be removed.
 (CA Elect. Code Sec 3206)

Did you sign your application?



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 4310 OAKLAND, CA

POSTAGE WILL BE PAID BY ADDRESSEE



COUNTY OF ALAMEDA
REGISTRAR OF VOTERS
PO BOX 23340
OAKLAND CA 94623-9828