

Monterey County Elections Department – Vote By Mail (VBM) Ballot Application

THIS APPLICATION MUST BE RECEIVED BY OUR OFFICE NO LATER THAN 7 DAYS BEFORE AN ELECTION

Please complete this application in its entirety, print & sign where required.

You can return this application in one of the following ways:

- **In person at:** 1441 Schilling Place – North Building, Salinas, CA 93901, *or*
- **By fax:** (831) 755-5485, *or*
- **By mail:** fold the application in half to conceal your information and seal it with adhesive tape.
 - Be sure to print the application on both sides of the paper and add postage where indicated.

YOU HAVE THE LEGAL RIGHT TO MAIL OR DELIVER THIS APPLICATION DIRECTLY TO THE MONTEREY COUNTY ELECTIONS OFFICE.

QUESTIONS? Call our office at (831) 796-1499 or toll-free at (866) 887-9274.

1. NAME:

2. DATE OF BIRTH: / / 3. E-MAIL (optional):

4. HOME ADDRESS IN MONTEREY COUNTY:

Number & Street (DO NOT use P.O. Box, Rural Route, etc.). Designate N, S, E, W if used.

City Zip Code

5. TELEPHONE (optional): () ()
(Daytime) (Evening)

6. MAILING ADDRESS FOR BALLOT, IF DIFFERENT FROM ABOVE:

Number & Street/P.O. Box (Designate N, S, E, W if used)

City State or Foreign Country Zip Code

7. SIGNATURE: This application **cannot** be accepted without the proper signature of the applicant.
 I have not applied for a Vote By Mail ballot from any other jurisdiction and certify under penalty of perjury, under the laws of the State of California, that all the information I have provided on this application is true and correct. **WARNING:** *Perjury is a felony, punishable by imprisonment in state prison for up to four (4) years. (Penal Code §126)*

SIGNATURE

DATE

Permanent VBM Voter: Check the box to become a permanent Vote By Mail voter. In future elections, your ballot will be mailed to you. To change your permanent status, please call our office at (831) 796-1499 or toll-free at (866) 887-9274.

Temporary VBM Voter: Check the box to become a temporary Vote By Mail voter. You will receive election-related material **only if there is an election during the time you specify:**
Start Date: __/__/____ **End Date:** __/__/____

INTERNAL USE ONLY:	VID #:	RCVD Date:	Proc Date:	By:
	NOTES:			

POSTAGE
REQUIRED

*FRANQUEO
REQUERIDO*

MONTEREY COUNTY ELECTIONS
PO BOX 4400
SALINAS, CA 93912-4400