

# Monterey County Elections – Vote by Mail (VBM) Ballot Application

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

Please complete this application in its entirety. Your signature is required.

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

- **By email:** vbm@co.monterey.ca.us
- **By fax:** (831) 755-5485
- **In person at:** 1441 Schilling Place – North Building, Salinas, CA 93901
- **By mail:** fold the application in half to conceal your information and seal it with adhesive tape. Both sides must be printed, postage is required.

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.

<b>1. NAME:</b>	<b>2. DATE OF BIRTH:</b> /        /
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**3. 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
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**4. 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
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<b>5. TELEPHONE</b> (optional):    (        )	<b>6. E-MAIL</b> (optional):
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**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)*

X \_\_\_\_\_

SIGNATURE	DATE
<input type="checkbox"/> <b>Permanent VBM Voter:</b> Check the box to vote by mail for all future elections.	<input type="checkbox"/> <b>Temporarily Away:</b> Check the box to vote by mail or add a special address on a temporary basis. You will receive election-related material if there is an election during the time you specify at the mailing address you provide:  Start Date: ___/___/___    End Date: ___/___/___

<b>INTERNAL USE ONLY:</b>	<b>VID #:</b>	<b>RCVD Date:</b>	<b>Proc Date:</b>	<b>By:</b>
	<b>NOTES:</b>			

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POSTAGE  
REQUIRED

*FRANQUEO  
REQUERIDO*

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