Remote Accessible Vote By Mail Application

Do you need an Accessible Ballot? Please provide all information.
An email address is required.

Name	
Residence	
Mailing	
Email	

(For accessible ballot format) I certify that:

- The information on this form is true, accurate, and complete to the best of my knowledge.
- I have not applied for an accessible vote-by-mail ballot or vote-by-mail ballot from any other jurisdiction for this election.
- I declare that, I am either a voter with a disability or a military or overseas voter, and am eligible to use this system.
- I understand that my selections marked by this system and submitted to the elections official of my jurisdiction are not private because an election official will transfer my voting selections on my printed vote summary to an official ballot. I waive my right to a secret ballot.
- I understand that my selections marked by this system must be printed by me, signed and submitted to the election official of my jurisdiction.

Signature: _____   Date: _____

Return completed form by mail, fax or email to:

Amador County Elections
810 Court Street
Jackson, CA 95642
Fax: 209-223-6467
Email: elections@amadorgov.org

For additional information, call the Elections Office at 209-223-6465
or email elections@amadorgov.org