

OFFICE OF

REGISTRAR OF VOTERS – Kimberly L. Grady

810 Court Street * Jackson, CA 95642-2132 * (209) 223-6217 * FAX (209) 223-6467



APPLICATION FOR PERMANENT VOTE-BY- MAIL VOTER STATUS

I hereby request to be placed on the permanent vote-by-mail voter list.

PRINT NAME AS REGISTERED _____

REGISTERED RESIDENCE ADDRESS _____

CITY & ZIP _____

PHONE # _____ DATE OF BIRTH _____

PRINT MAILING ADDRESS FOR BALLOT (If different from above): _____

I certify under penalty of perjury under the laws of the State of California that the information on this application is true and correct.

Signature (Must be signature of person requesting ballot)

Date