# COUNTY OF SACRAMENTO
# **VOTER REGISTRATION AND ELECTIONS**

## AUTHORIZATION FOR MAIL BALLOT PICK-UP

### 1. VOTER INFORMATION

/ /

First Name          Middle Name          Last Name          Date of Birth

Residence Address                    City          State          Zip

### 2. BALLOT LANGUAGE PREFERENCE

I am requesting a ballot in the following language combination:

☐ English/Spanish          ☐ English/Chinese          ☐ English/Vietnamese

*Optional: I wish to update my language preference on file. My preferred language to receive future election materials in is: _____.*

### 3. VOTER OATH AND SIGNATURE

**I** declare under penalty of perjury that this information is true and correct. I authorize the bearer of this request to pick up my ballot and deliver it to me:

X

Signature of Voter (Do Not Print)                    Date          Daytime Phone

### 4. ACKNOWLEDGMENT OF RECEIPT BY AUTHORIZED REPRESENTATIVE

**I,** _____, certify that I will deliver and/or return the ballot of the voter whose name appears on the ballot envelope:

X

Signature of Authorized Representative (Do Not Print)          Date          Daytime Phone

**FOR OFFICIAL USE ONLY**: This authorization for mail ballot pick-up was processed at Vote Center # _____.

This application is provided pursuant to California Election Code §3014.