



COUNTY OF SACRAMENTO VOTER REGISTRATION AND ELECTIONS

Authorization Form for Mail Ballot Pick-Up

REGISTERED NAME AND BIRTHDATE (Please print):

First Name

Middle Name

Last Name

Date of Birth

RESIDENCE ADDRESS (Do not use a PO Box number):

Number and Street

City

State

Zip

AUTHORIZATION 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:

Signature of Applicant (Do Not Print)

Date

Daytime Phone

Witness to signature of mark: _____

*If a voter is unable to sign, he or she may make a mark which shall be witnessed by one person.

This application cannot be used by groups, organizations, or individuals distributing Vote by Mail applications. There is a special format required by law (Election Code §3007) that is available at your local Registrar of Voters.

This application is provided pursuant to California Election Code §3009 and §3021