

Mailing Address: P.O. Box 11298 Santa Ana, California 92711

Application to Provide Vote-By-Mail Ballot to Representative City of Irvine Special Municipal Election (Council District 5)

If a voter needs a second Vote-By-Mail ballot, the voter may apply in writing for a Vote-By-Mail ballot to be provided to the voter's representative. This application must be provided in person to the county elections office by the voter's representative.

PRINT NAME:				DATE OF BIRTH:		
	First	Middle or Initial	Last		Month/Day/Year	
RESIDENCE A	DDRESS:					
Number and Stre	eet (P.O. Box w	ill not be accepted)				
City			Zip Code	California Cour	nty	
TELEPHONE	NUMBER (0	OPTIONAL):				
VOTER'S ST	ATEMENT A	ND AUTHORIZAT	ION:			
I authorize	rizeto Authorized Representative			to obtain my ballot and	obtain my ballot and deliver it to me.	
CERTIFICATI	ON:					
I certify under p true and corre	• • •	jury under the laws c	of the State of Califor	rnia that the information	I have provided on this application i	
SIGNATURE OF VOTER (Do Not Print):			Date:			
<u>Warning:</u> Perjul	ry is a felony,	punishable by impris	onment in state prisc	on for up to four years. (F	Penal Code § 126)	
If a voter is ur	nable to sigr	n, they may make a	a mark which shal	l be witnessed.		
WITNESS (IF APPLICABLE):			WITNESS SIGNATURE:			
	REPRESEN	ITATIVE'S STATE	MENT (to be signe	ed in the presence of t	he elections official):	
I,		, acknow	ledge receipt of		<u></u> s Vote-By-Mail ballot.	
	zed Represent		· · _	Name of Voter		
NAME OF RE	PRESENTA	TIVE'S SIGNATUR	E			
		ned to the Registr 5 by 8 p.m. on El		e, to any Vote Cente	er or ballot drop box in the City	
Deliver to:	•	County Registrar c				

1300 South Grand Avenue, Building C Santa Ana, CA 92705 (714) 567-7600

