City and County of San Francisco
Department of Elections
John Arntz, Director

Vote-by-Mail Ballot Application: November 8, 2016, Election

To mail a ballot to you, the Department of Elections must **receive** your completed application **by 5 p.m. on Tuesday, November 1.**

Hand deliver, mail, or fax the completed application to the address or fax number listed below. You may also email it as a scanned attachment to sfvote@sfgov.org.

This form is for voter use; it may not be reproduced or distributed by organizations.

Check one:

☐ I want to vote by mail for this election only.

☐ I want to become a Permanent Vote-by-Mail Voter and have a ballot mailed to me for each election.

Optional: I want to receive my ballot and other election materials in the following language, in addition to English:

☐ 中文 (Chinese) ☐ Español (Spanish) ☐ Filipino ☐ Other: _____

Please print:

_____ _____ _____ Birth Date: ____ / ____ / ____

Last Name First Name Middle Initial Month Day Year

_____ San Francisco, CA 941_____

Home Address *(where you live; cannot be a P.O. box)* ZIP Code

_____

Mailing Address *(where you want your ballot to be mailed, if different from Home Address above)*

_____

City State Country ZIP or Postal Code

I have not and will not apply for a ballot for this election by any other means. I certify, under penalty of perjury, that the information above is true and correct. (Warning: Perjury is punishable by imprisonment in state prison for up to four years.)

_____

Applicant Signature *(required)* Date

Department of Elections Use:

Staff Initials: _____ Date: _____

MAIL

English (415) 554-4375
Fax (415) 554-7344
TTY (415) 554-4386

sfelections.org
1 Dr. Carlton B. Goodlett Place
City Hall, Room 48, San Francisco, CA 94102

中文 (415) 554-4367
Español (415) 554-4366
Filipino (415) 554-4310

郵寄選票申請表:2016 年 11 月 8 日選舉

如想收到郵寄選票，選務處必須於 **2016 年 11 月 1 日星期二下午 5 時正或之前收到**已填妥的表格。

請直接遞交、郵寄或傳真已填妥的表格到以下列明的地址或傳真號碼。您也可以掃描表格後，以附件形式電郵表格到 sfvote@sfvote.org。此表格僅給選民使用，不能作複製或由組織分發。

選一項:

☐ 僅此選舉我想使用郵寄投票。

☐ 我想成爲永久郵寄選民並想在每次選舉收到一份郵寄選票。

自選: 除英語外，我想收到包括以下語言的選票和其他選舉資料:

☐ 中文 (Chinese) ☐ 西班牙文(Spanish) ☐ 菲律賓文 ☐ 其他: _____

請用英文正體拼寫:

_____ _____ _____ _____ / _____ / ____

姓 名 中間名 出生日期: 月 日 年

_____ San Francisco, CA 941_____

住址 (您居住的地址; 非郵箱 P.O.Box 地址) 郵政編碼

_____

郵寄地址 *(即您可以收到選票的地址，如果與上面的住址不同)*

_____

城市 州 國家 郵政編碼

今次選舉本人沒有也將不會用任何其他方式申請選票。本人根據偽證處罰法特此聲明： 本申請表上的資料均真實正確。（警告：偽證罪可被判處在州監獄有期徒刑長達四年。）

_____

申請人簽名 *(必須)* 日期

此欄僅供選務處使用:

Staff Initials: _____ Date: _____

MAIL