

**COUNTY OF SACRAMENTO**

Voter Registration and Elections  
Vote by Mail  
7000 65<sup>th</sup> Street, Suite A  
Sacramento, CA 95823  
(916) 875-6155 | Fax (916) 854-9796  
[VBM@SacCounty.net](mailto:VBM@SacCounty.net)



**SENATE DISTRICT 1 SPECIAL GENERAL ELECTION**

Tuesday, June 4, 2019

**APPLICATION AND AUTHORIZATION FOR MAIL BALLOT PICK-UP**

<b>REGISTERED NAME AND BIRTHDATE (Please print):</b>			
First Name	Middle Name	Last Name	
Date of Birth			
<b>RESIDENCE ADDRESS (Do not use a PO Box number):</b>			
Number and Street	City	State	Zip
<b>AUTHORIZATION AND SIGNATURE:</b>			
I declare under penalty of perjury that this information is true and correct. I authorize the bearer of this request (who is my spouse, child, parent, grandparent, grandchild, or sibling, or anyone residing in my household) to pick up my ballot and deliver it to me:			
Signature of Applicant (Do Not Print)	Date	Daytime Phone	
<b>AFTER MAY 28, 2019:</b> 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