**COUNTY OF SACRAMENTO**
**Voter Registration and Elections**
**7000 65th Street, Suite A, Sacramento, CA 95823-2315**
**(916) 875-6155 Fax (916) 854-9796**

## PERMANENT VOTE BY MAIL VOTER APPLICATION

**If you wish to apply for Permanent Vote by Mail voter status, please print and complete the attached application, sign it and return it to Voter Registration and Elections. It is not legal for someone else to sign for you. * If you are not able to sign your name, you may make a mark which shall be witnessed by one person.**

**Failure to return a ballot in four (4) consecutive statewide General Elections will automatically remove you from the Permanent Vote by Mail Voters List. This will not cancel your affidavit of registration, but you will need to reapply for Permanent Vote by Mail Voter status.**

**If you have any questions, please call our office at the number listed above.**

## PERMANENT VOTE BY MAIL VOTER APPLICATION

NAME: (Please Print) _____
First Middle Last

RESIDENCE ADDRESS: _____
Number and Street

_____
City State Zip

MAILING ADDRESS: _____
Number and Street, or P.O. Box

_____
City State Zip

PHONE: _____ DATE OF BIRTH: _____

SIGNATURE: _____ Date: _____

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

Witness to signature mark: _____

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