



Rebecca Martinez, County Clerk-Recorder and Registrar of Voters

APPLICATION TO PROVIDE VOTE-BY-MAIL BALLOT TO REPRESENTATIVE

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 MADERA COUNTY ELECTIONS OFFICE, located at 200 W. 4th Street, Madera, CA 93637.**

VOTER INFORMATION

1. PRINT NAME

2. DATE OF BIRTH

First Name, Middle or Initial, Last Name, Suffix (if any)

Month/Day/Year

3. RESIDENCE ADDRESS:

Number and Street, City, State, Zip Code – NO PO BOX

4. TELEPHONE NUMBER (OPTIONAL)

5. LANGUAGE PREFERRED

(Area Code) + Daytime Phone Number

ENGLISH

SPANISH

PUNJABI

6. VOTER'S STATEMENT AND AUTHORIZATION

I authorize _____ to obtain my ballot and deliver it to me.
Authorized Representative Name

7. CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the information I have provided on this application is true and correct.

Signature of Voter

Date

Warning: Perjury is a felony, punishable by imprisonment in state prison for up to four years. (Penal Code § 126)

If a voter is unable to sign, they may make a mark which shall be witnessed.

8. WITNESS SIGNATURE (IF APPLICABLE): _____

9. REPRESENTATIVE'S STATEMENT (to be signed in the presence of the elections official):

I, _____, acknowledge receipt of _____'s
Name of Authorized Representative Name of Voter

Vote-by-mail ballot.

FOR OFFICIAL USE ONLY

COUNTY CLERK-RECORDER & REGISTRAR OF VOTERS

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