

LATE ABSENTEE BALLOT APPLICATION

MARCH 2, 2004 PRIMARY ELECTION

*** PLEASE PRINT ***

1 NAME: _____
First Middle Last

2 DATE OF BIRTH ____/____/____ **3 E-MAIL:** _____
(optional)

4 ADDRESS WHERE YOU LIVE (Do not use P.O. Box Number or other mailing address)

Number and Street

City State Zip Code

Reason for Late Application (pursuant to Elections Code §3021):

- I am unable to go to the polls because I am ill and/or disabled and as a result I am confined to a hospital, sanitarium, place of residence or a nursing home;
- I am physically disabled and therefore unable to go to my polling place;
- I am denied physical access to my polling place and/or voting booth because of my physical disability;
- I will be absent from my precinct on Election Day.

5 "I am not presently affiliated with any qualified political party. However, for the primary election ONLY, I request an absentee ballot for the _____ Party." (American Independent; Democratic = ballot minus Central Committee; Republican = ballot minus President & Cent. Com. For more information, call toll-free, 1-800-345-VOTE.)

6 SIGNATURE. "I have not applied for a vote-by-mail ballot for this election by any other means. I certify under penalty of perjury that the information on this application is true and correct." (Penal Code §126)

 _____
Your signature as registered to vote

FOR OFFICIAL USE ONLY

AUTHORIZATION

I hereby authorize the following person to obtain my official ballot (Elections Code §3021)

Print Name of Person Obtaining Ballot

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Any voter may apply for **PERMANENT ABSENT VOTER STATUS** (§3201). Check here to receive a vote-by-mail ballot for all future elections.

Date: _____