

VOTE-BY-MAIL BALLOT APPLICATION

MARCH 5, 2002 PRIMARY ELECTION

*** PLEASE PRINT ***

1 NAME: _____
First Middle Last

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

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

Number and Street

City State Zip Code

5 TELEPHONE: (____) _____ (____) _____
Daytime Evening

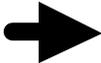
6 MAILING ADDRESS FOR BALLOT (If different from above):

Number and Street or P.O. Box Number

City State Zip Code

7 "I am not presently affiliated with any qualified political party. However, for the primary election ONLY, I request an absentee ballot for the _____ Party." (The American Independent, Democratic, Republican and Natural Law parties allow "unaffiliated" voters to vote in their primary elections. For more information, call toll-free, 1-866-DTS-VOTE.)

8 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)

 _____ **Date:** _____
Your signature as registered to vote

Your return address:

Did you remember to SIGN your application on the other side?

FOR OFFICIAL USE ONLY

DEADLINE: 5 p.m., February 26, 2002

Return this application to the Santa Cruz County Elections Department in person, by mail or FAX to:
COUNTY CLERK-ELECTIONS DEPT.
701 OCEAN ST RM 210
SANTA CRUZ CA 95060-4076
831-454-2060 / FAX: 831-454-2445

Returning this application to anyone other than your elections official may cause delay that could interfere with your right to vote.

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

34¢
Postage
Required.

SANTA CRUZ COUNTY CLERK
ELECTIONS DEPARTMENT
701 OCEAN ST RM 210
SANTA CRUZ CA 95060-4076