

REGISTRAR OF VOTERS

1300 South Grand Avenue, Bldg. C Santa Ana, California 92705 (714) 567-7600 ocvote.gov **BOB PAGE**Registrar of Voters

Mailing Address: P.O. Box 11298 Santa Ana, California 92711

Application to Provide Vote-By-Mail Ballot to Representative June 10, 2025 Special Election

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 county elections office by the voter's representative.

PRINT NAME:			DATE OF BIRTH:			
	First	Middle or Initial	Last		Month/Day/Year	
RESIDENCE A	DDRESS:					
Number and Stree	et (P.O. Box w	vill not be accepted)				
City			Zip Code	California County	y	
TELEPHONE I	NUMBER (OPTIONAL):				
VOTER'S STA	TEMENT A	ND AUTHORIZAT	ION:			
I authorize	to obtain my ballot and deliver it to me. Authorized Representative					
CERTIFICATIO	ON:					
I certify under petrue and correct		jury under the laws o	f the State of Cali	fornia that the information I	have provided on this application is	
SIGNATURE OF VOTER (Do Not Print):				Date:		
Warning: Perjury	y is a felony,	punishable by impris	onment in state pri	ison for up to four years. (Pe	enal Code § 126)	
If a voter is un	able to sigr	n, they may make a	a mark which sh	all be witnessed.		
WITNESS (IF APPLICABLE):				WITNESS SIGNATURE:		
	REPRESEN	ITATIVE'S STATE	MENT (to be sign	ned in the presence of the	e elections official):	
l,		, acknowl	edge receipt of		<u>'</u> s Vote-By-Mail ballot.	
Authoriz	ed Represen	tative		Name of Voter		
NAME OF REI	PRESENTA	TIVE'S SIGNATUR	E		·····	
					or ballot drop box in the City by 8 p.m. on Election Day.	
Deliver to:	Orange (County Registrar o	f Voters			

ISO 2001: CERTIFIED

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