

MONTEREY COUNTY ELECTIONS

PO BOX 4400
Salinas, CA 93912

1370B South Main Street
Salinas, CA 93901

831-796-1499 Phone
831-755-5485 Fax

www.MontereyCountyElections.us

E-mail: Mail@MontereyCountyElections.us



APPLICATION FOR AN ABSENTEE BALLOT

1. **PRINT NAME**

2. **DATE OF BIRTH** _____

mo/day/yr

First Name

Middle Name or Initial

Last Name

3. **RESIDENCE ADDRESS IN MONTEREY COUNTY (please print)**

Number and Street-as registered (P. O. Box, Rural Route, ect. Not acceptable) (Designate N,S,E,W if used)

City

Zip Code

4. **TELEPHONE NUMBER:** () _____ () _____
(daytime optional) (evening optional)

5. **PRINT MAILING ADDRESS FOR BALLOT** (if different from above):

Number and street/ P.O. Box (designate N,S,E,W, if used)

City

U.S. State or Foreign Country

ZIP Code

6. **THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE PROPER
SIGNATURE OF THE APPLICANT**

I have not applied for, nor do I intend to apply for, an absentee ballot from any other jurisdiction. I certify under penalty of perjury under the laws of the State of California that the name and residence address and information I have provided on this application are true and correct.

SIGNATURE

DATE

*WARNING: Perjury is punishable by imprisonment in state prison for two, three, or four years.
(section 126 of the California Penal Code)*

7. **PERMANENT ABSENT VOTER**

Check here to become a permanent absentee voter. In future elections your ballot will be mailed to you , If you wish to change your permanent voter status please call Monterey County Elections(831) 796-1499

8. **THIS FORM WAS PROVIDED BY:**

Monterey County Elections (831) 796-1499
1370B S. Main St., PO Box 4428 Salinas, CA 93901

