

**APPLICATION FOR
PERMANENT VOTE BY MAIL BALLOT**

FOR OFFICIAL USE ONLY

PRINT NAME: _____
(First Name) (Middle Initial) (Last Name)

SAN BERNARDINO COUNTY RESIDENCE ADDRESS (Please Print):

(Number and Street Name (PO Box, Rural Route, etc, is not acceptable; designate N., S., E., W. if used))

(City) (Zip Code) (E-mail address)

TELEPHONE NUMBER: () _____ **DATE OF BIRTH:** _____

MAILING ADDRESS FOR BALLOT (If different from above)

(Number & Street, PO Box, Rural Route, School, Military or Overseas Address)

(City) (State or Country) (Zip Code)

To become a Permanent
Vote by Mail Voter, complete, sign,
and return this application to the
San Bernardino County
Registrar of Voters at:
**San Bernardino County
Registrar of Voters
777 East Rialto Avenue
San Bernardino, CA 92415-0770
Phone (909) 387-8300**

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 a mail ballot from any other jurisdiction for this election. 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 is true and correct.

SIGNATURE

DATE

WARNING: Perjury is punishable by imprisonment in state prison for two, three or four years. (Cal P.C. 126)