



Elections Office of the Registrar of Voters

Mail Ballot Application

1. Fill Out Your Personal Information

Name: _____ Date of Birth: _____
Last Name *First Name*

Residence Address: _____

Address to Mail Your Ballot to: _____

E-mail Address: _____

2. Select Any That Apply

- I want to be a **Permanent Mail Ballot** voter and receive my ballot by mail for ALL elections.
- I would like a Mail Ballot ONLY for the **February 2, 2016 Lucerne Valley Unified School District Special Recall Election**.
Application MUST be received by the Elections Office by Tuesday, January 26, 2016.

3. Sign and Date Your Application

I certify under Penalty of Perjury under the laws of the State of California that the information I have provided is true and correct.

Signature: _____ Date: _____

4. Return Your Application

By Mail or In Person: San Bernardino County Elections Office
777 E. Rialto Avenue, San Bernardino, CA 92415

By Fax: (909) 386-8388

By E-mail: Scan your application and e-mail it to mailballots@sbcountyelections.com