



## 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: \_\_\_\_\_

Email 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 **July 11, 2017 City of Chino Special Election**.

Application MUST be received by the Elections Office by **Wednesday, July 5, 2017**.

### 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 Email: Scan or take a picture of your application and email it to  
mailballots@sbcountyelections.com