www.SBCounty.gov



By Email:

## **Registrar of Voters**

**Bob Page** Registrar of Voters

## **Mail Ballot Application**

1. Fill Out Your Personal Information			
Name:			Date of Birth:
La	st Name	First Name	
Residence Address: _			
Address to Mail Your Ballot to:			
Email Address:			
2. Select Any That	Apply		
☐ I want to be a <b>Permanent Mail Ballot</b> voter and receive my ballot by mail for ALL elections.			
☐ I would like a Mail Ballot ONLY for the <b>November 5, 2019 Consolidated Election</b> .			
Application MUST	be received b	y the Registrar of Vote	rs by <b>Tuesday, October 29, 2019</b> .
3. Sign and Date Y	our Applica	tion	
I certify under Penalty provided is true and co		der the laws of the Stat	e of California that the information I have
Signature:			Date:
4. Return Your Ap	plication		
By Mail or In Person:	San Bernardino County Registrar of Voters 777 E. Rialto Avenue, San Bernardino, CA 92415		
By Fax:	(909) 386-8	388	

Scan or take a picture of your application and email it to

mailballots@sbcountyelections.com