

# APPLICATION FOR A "VOTE BY MAIL" BALLOT

**City of El Segundo**  
**General Municipal Election**  
**April 10, 2018**

To obtain a "Vote by Mail" ballot,  
complete the information on this form.

<b>FOR OFFICIAL USE ONLY:</b>	
_____ Precinct No.	_____ Ballot No.
_____ Date Issued	_____ Date Returned
Use area below for barcode of voter id # and identification number	

This application must be received by the elections official not later than 7 days prior to the election.

Print Name _____		Date of Birth (mo/day/yr): _____
First _____	Middle _____	Last _____
Residence Address in the City <b>(PO Box, Rural Route not acceptable)</b> _____		
City and Zip _____		Telephone Number _____
<b>THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT</b>		
I have not applied, nor do I intend to apply for, a Vote by Mail ballot for this election by any other means. I certify under <b>penalty of perjury</b> 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.		
<b>X</b> _____		DATE _____
<b>SIGNATURE OF APPLICANT</b>		
WARNING: Perjury is punishable by imprisonment in state prison for two, three or four years. (Section 126 of the California Penal Code.)		

<b>PRINT MAILING ADDRESS FOR BALLOT</b> (If different from your residence address) Note: Organizations distributing this form may <b>NOT</b> preprint the mailing address information.
_____ Number & Street / P.O. Box
_____ City State Zip

**NOTICE**  
You have the legal right to mail or deliver this application directly to the local elections official where you reside. The below address is the only appropriate destination address for mailing this application.

THIS ADDRESS IS:  
**Office of the City Clerk**  
**350 Main Street**  
**El Segundo CA 90245**  
**(310) 524-2307 \* fax (310) 615-0529**

Returning this application to anyone other than your elections official may cause a delay that could interfere with your right or ability to vote.

The format used on this application **MUST** be used by ALL individuals, organizations, and groups who distribute Vote by Mail ballot applications. CA Elections Code 3007.

Failure to conform to this format may result in criminal prosecution. CA Elections Code 18402.

Any voter may apply as a PERMANENT VOTE BY MAIL VOTER.  
Contact your local COUNTY ELECTIONS OFFICIAL for further information.

**THIS FORM IS PROVIDED BY** \_\_\_\_\_  
Important: organizations providing this form must enter their name, address & telephone number

**NOTE: Use of barcoding of the voter's identification number somewhere on this form will assist in a faster turn-around of the Vote by Mail ballot.**