



Provided by
Butte County Clerk-Recorder Elections Division
155 Nelson Avenue Oroville CA 95965-3411

IMPORTANT:
This form is to be used
by individual voters
only. Not to be used for
distribution by groups
or organizations.

To obtain a vote by mail ballot, complete all the information on this form.
If you mail or fax this application, it must be received by the Butte County Clerk-Recorder Elections Division
no later than the 7th day prior to the election.

I hereby request a vote by mail ballot for the _____.

1. Print Your Name: _____

2. Date of Birth: _____ 3. California Drivers License or I.D. Card #: _____

4. Residence Address in Butte County:

Number and Street or road name - as registered (PO Box, Rural Route, etc. not acceptable) City

5. Print Mailing Address for Ballot (if different from above):

Number and Street / or PO Box

City U. S. State ZIP Code

6. Telephone Numbers: () Daytime () Evening () Other

7. This application cannot be accepted without the proper signature and residence address of the applicant.

I have not applied for, nor do I intend to apply for, a vote by 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 information I have provided on this application are true and correct.

Signature: _____ Date _____

WARNING: Perjury is punishable by imprisonment in state prison for two, three or four years (California Penal Code §126)

Check this box if you wish to have Permanent Vote by Mail status