Reference # _____

AGUA DULCE TOWN COUNCIL ELECTION
NOVEMBER 8, 2016
APPLICATION for ABSENTEE BALLOT

To request an Absentee Ballot, please complete the following application.

This application form must be received by the Election Committee no later that ***(October 25, 2016)*.**

Name *(print)*: _____
First Name MI Last Name

Date of Birth: _____

Address *(print)*: _____
Street Number and Name

_____
City/Town *State* *Zip Code*

***Number and Street as registered (P.O. Box, Rural Route, etc. not acceptable*)**

Telephone: ( ) _____

Cell: ( ) _____

Mailing address_____
(if different from above):

_____

Note: Organizations distributing this form may not preprint mailing address information.

NOTICE

You have the legal right to mail or Deliver this application directly to The Agua Dulce Election Committee address as follows:

Agua Dulce Election Committee
33201 Agua Dulce Canyon Road
Postal Box #2
Agua Dulce, CA 91390

or call 661-268- 0357 or email adtc-electioncomittee@gmail.com ***to pick up***

Returning to anyone other than an Election Committee Member may cause a delay and interfere with your ability to vote on Election Day.

The format used on this application MUST be used by ALL Individuals, organizations and groups distributing absentee ballot applications.

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT.

I have not applied for nor do I intend to apply for an absentee ballot form from another jurisdiction for this election. I certify under penalty of perjury of the laws of the State of California that the name and residence address information I have provided on this application are true and correct.

_____ _____
Signature ***Date***