

Remote Accessible Vote by Mail Application - Placer County -

FOR OFFICIAL USE ONLY

This is a Remote Accessible Vote by Mail ballot application for the **November 5, 2024, General Election**. This form must be received by Placer County Elections no later than **October 29, 2024** (due 7 days prior to Election Day). The website link and access code for your ballot will not be emailed to you if this application is incomplete or inaccurate.

1. **PRINT NAME:** _____ **2. DATE OF BIRTH:** _____
First Middle or Initial Last Month/Day/Year

3. **RESIDENCE ADDRESS:** _____
Number and Street (P.O. Box, Rural Route, etc. will not be accepted) (Designate N, S, E, W if used)

City Zip Code

4. **EMAIL ADDRESS - (REQUIRED - TO RECEIVE WEBSITE LINK & ACCESS CODE FOR BALLOT):**

Email Address

5. **TELEPHONE NUMBER (OPTIONAL):** _____
Day Evening

6. **Primary Election Only:**
Yes, I have declined to disclose a preference for a qualified party and would like to request a Vote by Mail ballot for a particular political party. However, for this primary election only I request a Vote by Mail ballot for the :
Party.

7. **THIS APPLICATION MUST BE SIGNED.**

For the **November 5, 2024, General Election**, any registered voter in California is eligible to use the accessible vote by mail system.

I am a California registered voter, therefore I am eligible to use the accessible vote by mail system. I understand that my ballot selections marked by the system must be printed by me and submitted to my county elections official, Placer County Elections. I understand that I must submit my printed and signed selections no later than 8:00 PM Pacific Standard Time on Election Day, by either:

- Mailing it via U.S. Postal Service (must be postmarked by Election Day and received by Placer County Elections no later than **November 12, 2024**); or
- Hand delivering it to Placer County Elections; or
- Dropping it off at any polling place, vote center, vote by mail drop off location, or drop box in the state.

I have not applied for a vote by mail ballot or remote accessible 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 is true and correct.

SIGNATURE _____ **DATE** _____

If you are unable to sign, make your mark above and have a witness sign here: _____

Warning: Perjury is a felony, punishable by imprisonment in state prison for up to four years. (Penal Code § 126)

NOTICE

You have the right to mail or deliver this application directly to your county elections official. Returning this application to anyone other than your county elections official may cause a delay that could interfere with your ability to vote. If this application is returned by mail, it must be returned directly to your county elections official. **Only the registered voter himself or herself may apply for a remote accessible vote by mail ballot. An application for a remote accessible vote by mail ballot made by a person other than the registered voter is a criminal offense.**

INDIVIDUALS/ORGANIZATIONS/GROUPS DISTRIBUTING THIS APPLICATION

The format used on this application must be followed by anyone distributing vote by mail ballot applications. Failure to conform to this format is a crime. Anyone distributing this application may not preprint a mailing address in Item 4. Anyone providing this application to a voter must enter their name, address, and telephone number here:



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Rocklin, CA 95765

Phone: 530-886-5650
Toll-free: 1-800-824-8683