

El Dorado County Remote Accessible Vote-By-Mail Ballot Application

FOR OFFICIAL USE ONLY

This application must be received via email, fax, mail or hand delivery by your county elections official not later than seven (7) days prior to the date of the election. The date of the election can be found at www.edcgov.us/elections and viewing the upcoming elections menu. If this application is incomplete or inaccurate, you will be unable to use this accessible vote-by-mail system in the election.

El Dorado County Elections Department
3883 Ponderosa Rd
Shingle Springs, CA 95682
PO Box 678001
Placerville, California 95667
Telephone Number: (530) 621-7480
Fax Number: (530) 677-1014
E-mail: VBM@edcgov.us

1. This is an application for an accessible vote-by-mail ballot for the November 5, 2024
Month/Day/Year
Presidential General election.
Type of Election (Primary, General, or Special)

2. Print name: _____ 3. Date of birth: _____
First Middle Name or Initial Last Month/Day/Year

4. 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 California County

5. Mailing address (if different from above):

Number and Street/P.O. Box (Designate N, S, E, W if used)

City State or Foreign Country Zip Code or Postal Code

6. E-mail address: _____

7. Telephone number (optional): _____



ATTESTATION AND SIGNATURE

I certify that:

The information on this form is true, accurate, and complete to the best of my knowledge.

I have not applied for an accessible vote-by-mail ballot or vote-by-mail ballot from any other jurisdiction for this election.

I declare that, I am either a voter with a disability or a military or overseas voter, and am eligible to use this system.

I understand that my selections marked by this system and submitted to the elections official of my jurisdiction are not private because an election official will transfer my voting selections on my printed vote summary to an official ballot. I waive my right to a secret ballot.

I understand that my selections marked by this system must be printed by me, signed and submitted to the election official of my jurisdiction.

Signature: _____

Date: _____