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County Clerk, Recorder and Assessor

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COUNTY CLERK, RECORDER AND ASSESSOR

DECLARATION OF LATE VOTE BY MAIL BALLOT and/or DESIGNATION OF AUTHORIZED REPRESENTATIVE

In compliance with the provisions of Section 3021 of the Election Code, I, the undersigned, request a Vote By Mail Ballot for the **Statewide Special Election** to be held on **May 19, 2009**. If requesting a second ballot, complete the Second Ballot Request section below.

I am a registered voter in the County of Santa Barbara, State of California.

_____ Name _____ Residence Address as registered

I will be unable to go to the voting polls on Election Day due to (check one):

- Illness or disability resulting in confinement in a health care facility or place of residence; or inability to access my polling place.
- Absence from my precinct on Election Day.

I authorize _____ to pick up and deliver my vote by mail ballot.
(Print Name)

Signature of authorized representative _____

SECOND BALLOT REQUEST (EC §3014)

I HEREBY STATE UNDER PENALTY OF PERJURY THAT I HAVE (check one)

- NEVER RECEIVED
- LOST
- DESTROYED/SPOILED
- OTHER _____

I UNDERSTAND THAT IT IS A CRIME TO VOTE TWICE AND IF I ATTEMPT TO VOTE MORE THAN ONE BALLOT, BOTH BALLOTS SHALL BE VOID.

SIGNATURE: I declare under penalty of perjury that the foregoing is true and correct.

Executed by me on this _____ day of _____, 20____, in _____, California

Signature

FOR OFFICE USE ONLY:

Precinct Number _____

Ballot Series _____

Primary Only:

Registered Party _____

Party Issued _____

