

JOSEPH E. HOLLAND
County Clerk, Recorder and Assessor



4440-A Calle Real
Santa Barbara, CA 93110

RENEE BISCHOF
Chief Deputy Registrar of Voters

COUNTY CLERK, RECORDER AND ASSESSOR
ELECTIONS DIVISION

Mailing Address:
PO Box 61510
Santa Barbara, CA 93160-1510

DECLARATION OF LATE VOTE BY MAIL BALLOT AND/OR DESIGNATION OF AUTHORIZED REPRESENTATIVE
(THIS FORM MUST BE RETURNED IN PERSON TO OUR OFFICE/POLLING PLACE)

My name is _____ and I am registered to vote at the following address,
Name as registered
_____ in Santa Barbara County, California.
Residence Address as registered (NO PO Box)

I hereby request a Vote by Mail Ballot in accordance to Election Code § 3021 for the **General Election** to be held on **November 3, 2020**. 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.

REPLACEMENT BALLOT REQUEST (EC §3014) Complete this section ONLY if you are requesting a replacement ballot.

I hereby state under penalty of perjury that the ballot mailed to me for this election was (check one):

- Never Received Lost Destroyed/Spoiled
 Other: _____

REMOTE ACCESSIBLE VOTE BY MAIL (RAVBM): Voter must have access to the internet and a printer. Only check the box that applies to you and provide your email address to request a Remote Accessible Vote by Mail Ballot rather than using the ballot mailed to you. Please provide email below (required).

- I am a voter with a disability and request an accessible ballot.
 I would like to receive my ballot using the RAVBM system pursuant to Elections Code Section 3016.7 which permits any voter to cast a ballot using a RAVBM system only for the November 3, 2020 General Election due to COVID-19 pandemic.

My email address is: _____

Fill out the following statement if you are not able to pick up a ballot in person. You may designate any person to pick up a ballot for you. I am unable to pick up a ballot in person and hereby, I authorize _____ to pick up and deliver to me a vote by mail ballot.

Print name of Authorized Person

Signature of Authorized Person

As required by law, Santa Barbara County offers voting materials in alternate languages. If available in my precinct, please provide to me a ballot in:

- English Spanish/Español Chinese / 中文
 Korean / 한국어 Tagalog/Tagalog

SIGNATURE: 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. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed this _____ day of _____, 20 ____ at _____, California.
Place (City or Town)

SIGNATURE

FOR OFFICE USE ONLY:

Precinct Number _____

Ballot Series _____

Presidential Primary Only:

Registered Party _____

Party Issued _____

Place Label Here

Toll Free Number: 1-800-SBC-VOTE • Website Address: WWW.SBCVOTE.COM

Santa Barbara (805) 568-2200, Fax (805) 568-2209 • Santa Maria (805) 346-8374, Fax (805) 346-8342 • Lompoc (805) 737-7705
Santa Maria Branch Office: 511 E. Lakeside Parkway, Santa Maria • Lompoc Branch Office: 401 E. Cypress Ave, Room 102, Lompoc