



APPLICATION FOR VOTE BY MAIL BALLOT
PRESIDENTIAL PRIMARY ELECTION
 TUESDAY, MARCH 3, 2020

To request a Vote By Mail Ballot, complete the information on this form. This application form must be received by the Election Official no later than **Tuesday, February 25, 2020.**

1. PRINT NAME: _____ 2. DATE OF BIRTH: _____

First Name Middle Name or Initial Last Name

3. RESIDENCE ADDRESS (please print):

Number and Street - as registered (P.O. Box, Rural Route, etc. are not acceptable) (Designate N.S.E.W if used)

City County Zip Code

4. TELEPHONE NUMBER: (____) (____) (____)
 (Optional) Daytime Evening

(Optional) Email Address

5. MAILING ADDRESS FOR BALLOT, IF DIFFERENT FROM ABOVE. (PLEASE PRINT)

NOTE: ORGANIZATIONS DISTRIBUTING THIS FORM MAY NOT PREPRINT MAILING ADDRESS INFORMATION.

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

City U.S. State or Foreign Country Zip Code

6. Under California Law, qualified political parties may allow registered voters with "No Party Preference" to crossover and vote in their parties. For the March 3, 2020 Presidential Primary Election, the American Independent, Democratic and Libertarian parties have allowed "crossover voting". If you are registered as "No Party Preference" and do not wish to request a "crossover" ballot, no action is required. To request a "crossover" ballot, write in your choice below.

I am presently registered to vote with No Party Preference. For the March 3, 2020 Presidential Primary Election only,

I request a Vote By Mail ballot for the _____ party.

(Write in only one party: American Independent, Democratic, or Libertarian)

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

I have not applied for, nor do I intend to apply for, a 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 name, residence address and information I have provided on this application are true and correct.

SIGNATURE

Date

WARNING: Perjury is punishable by imprisonment in state prison for two, three or four years. (Section 126 of the California Penal Code)

8. THIS FORM IS PROVIDED BY:

IMPORTANT: ORGANIZATIONS PROVIDING THIS FORM MUST ENTER THEIR NAME, ADDRESS AND TELEPHONE NUMBER

VBMAPP 9/11/2019



申請郵寄投票
 總統初選
 2020年3月3日，星期二

要申請郵寄選票，請填寫此申請表。本申請表必須在不遲於2020年2月25日，星期二送達選舉官員。

1. 正楷姓名： _____ 2. 出生日期： _____

名 中間名或首字母 姓

3. 居住地址 (請正楷書寫) :

註冊的街道和門牌號 (不接受郵箱、郊區線路等) (如使用了方向，請指出東南西北)

市 縣 郵遞區號

4. 電話號碼：(____) (____) (____)
 (可選) 白天 晚上

(可選) 電子郵件地址

5. 投票郵寄地址，如與上述地址不同。(請正楷書寫)

注意：分發本申請表的單位不得預先打印郵寄地址資訊。

街道和門牌號/郵箱 (如使用了方向，請指出東南西北)

市 美國或外國 郵遞區號

6. 根據 California 州法律，合資格的政黨可以允許“沒有政黨歸屬”的登記選民進行跨黨派投票。在2020年3月3日的總統初選，允許美國獨立黨，民主黨和自由黨進行“跨黨派投票”。如果您登記為“無政黨歸屬”並且不希望申請“跨黨派”選票，則無需採取任何行動。要申請“跨黨派投票”選票，請在下面填寫您的選擇。

我目前已登記參加投票，並且沒有任何政黨歸屬。僅適用於2020年3月3日的總統初選，

我要求使用 _____ 的郵寄投票。

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VBMAPP 9/11/2019

FOR OFFICIAL USE ONLY

NOTICE – You have the legal right to mail this form to:

Registrar-Recorder/County Clerk
 Vote By Mail Section
 PO Box 30450, Los Angeles, CA 90030-0450

or deliver to:

12400 Imperial Hwy., Norwalk, CA 90650
 3rd Floor Room 3002
 8am – 5pm
 (800) 815-2666 option # 2

Returning this application to anyone else may cause a delay that could interfere with your right or ability to vote.

Any voter wishing to become a Permanent Vote By Mail voter may call our office at: (800) 815-2666 option # 2 for further information or visit our website at lavote.net.

The format used on this application MUST be used by ALL individuals, organizations, and groups that distribute Vote By Mail Ballot applications. Failure to conform to this format may result in criminal prosecution. Elec. Code Secs. 3007 & 18402

Under Federal law, election materials are available in other languages in Los Angeles County 1-800-481-VOTE

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