FAX VOTED BALLOT FORM
SPECIAL VOTE BY MAIL VOTER SIGNATURE AND OATH

Complete and return this form with your voted, faxed ballot.
Both FORM and BALLOT must be received by 8:00 p.m. (PST) on Election Day.

If, for any reason, you feel your voted ballot will not reach our office by mail by 8:00 p.m. Pacific Standard Time on Election Day, you may fax your voted ballot to **(562) 462-2354, (562) 462-3035, (562) 863-2039** or **(562) 864-6786**. If you choose to return your ballot by fax, your vote choices will be duplicated onto a ballot card. Every effort will be made to ensure your vote is kept confidential.

Complete Form Below

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. not acceptable) (Designate, N, S, E, W if used)

U.S.A

City | County | Zip Code

4. TELEPHONE NUMBER: ( ) _____ ( ) _____

Daytime | Evening

VOTER: READ STATEMENT, SIGN AND DATE BELOW

I declare as follows, that I am/have:

(1) A member of the active or reserve components of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard; a Merchant Marine; a member of the United States Public Health Service Commissioned Corps; a member of the National Oceanic and Atmospheric Administration Commissioned Corps of the United States; or a member on activated status of the National Guard or state militia; or an eligible spouse or dependent of such person; or an eligible U.S. citizen living outside of the territorial limits of the U.S. or the District of Columbia; and

(2) A U.S. citizen, at least 18 years of age or older on Election Day, and I am eligible to vote in the California jurisdiction in which I am voting with the enclosed/attached voted ballot; and

(3) Not in prison, on parole, serving a state prison sentence in county jail, serving a sentence for a felony pursuant to subdivision (h) of California Penal Code section 1170, or on post release community supervision; and

(4) Not been found by a court to be mentally incompetent, or if so, my voting rights have been reinstated; and

(5) Not registering, requesting a ballot, or voting in any other jurisdiction in the U.S., except the California jurisdiction cited in this enclosed/attached ballot; and

(6) The person whose name appears on this envelope. I understand that a material misstatement of fact in completing the ballot may be grounds for a conviction of perjury under the laws of the State of California or the U.S.

I declare under penalty of perjury under the laws of the State of California or the U.S. that the foregoing is true and correct

Voter: You must sign in your own handwriting for the ballot to count.
Your ballot will not be counted if you fail to sign this declaration and include it in the same fax transmission with your ballot.

My signature and date below indicate when I completed this document. The information on this form is true, accurate, and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

X_____ _____

VOTER: SIGN HERE DO NOT PRINT (Power of Attorney Not Acceptable) Date

FOR OFFICE USE ONLY

VOTER ID #	BALLOT GROUP #	AV ID #

County of Los Angeles Registrar Recorder/County Clerk 12400 Imperial Hwy Norwalk CA 90650 USA