



County of Fresno

COUNTY CLERK/REGISTRAR OF VOTERS
BRANDI L. ORTH

AUTHORIZATION FORM RECEIVE VOTE-BY-MAIL BALLOT FOR ANOTHER PARTY

California Elections Code 3009(b)

I swear or affirm that:

I, _____, am the: ___ Spouse ___ Child ___ Parent
(Print Your Full Name)

___ Grandparent ___ Grandchild ___ Sibling or ___ Person residing in the same household

as the Voter. I am at least 16 years of age and I am authorized by _____
(Print Voter's Full Name)

to pick up and deliver the Vote-by-Mail ballot of the voter named above.

I declare under penalty of perjury under the laws of the State of California that the information is true and correct.

Signature of Authorized Family/Household Member:

X _____ Date: _____

This form is to be used with the Application to Request a Replacement Ballot.

[YOUR DIRECT LINK TO
Fresno County Elections](https://www.vote-fresno.com)



2221 Kern Street • Fresno, California 93721
Elections (559)600-8683 • Toll-Free (844)977-8683 • Fax (559)488-3279
Email: Clerk-Elections@FresnoCountyCA.gov

The County of Fresno is an Equal Employment Opportunity Employer



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BRANDI L. ORTH

FORMULARIO DE AUTORIZACION

RECIBIR BOLETA DE VOTO POR CORREO PARA OTRA PARTIDA

Código Electoral de California 3009 (b)

Juro o afirmo que:

Yo, _____, soy: ___ Cónyugue ___ Hijo ___ Padre ___ Abuelo
(Imprime tu nombre completo)

___ Nieto ___ Hermano o ___ Persona que vive en el mismo hogar que el Votante. Tengo al
menos 16 años de edad y estoy autorizado por _____ para
(Imprimir el nombre completo del votante)

recoger y entregar la boleta de voto por correo del votante mencionado anteriormente.

Declaro bajo pena de perjurio bajo las leyes del Estado de California que la información es
verdadera y correcta.

Firma del familiar / miembro del hogar autorizado:

X _____ Fecha: _____

Este formulario debe usarse con la Solicitud para solicitar una boleta de reemplazo.

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★ VoteFresnoCounty.com ★

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