



County of Fresno

COUNTY CLERK/REGISTRAR OF VOTERS

JAMES A. KUS

REQUEST FOR VOTE BY MAIL BALLOT AFTER PERIOD FOR REQUESTING BY MAIL Elections Code 3021

I swear or affirm that:

I _____ request that a vote by mail ballot be delivered to me because
(full name of voter)

of one or more of the following reasons:

(1) I am unable to go to the polls/vote center because of illness or disability resulting in my confinement in a hospital, sanatorium, nursing home, or place of residence. (2) I am unable to vote at a polling place/vote center because of physical handicap. (3) I am unable to vote at a polling place/vote center because of a physical handicap and due to existing architectural barriers at a polling place denying my physical access to the polling place/vote center, voting booth, or voting apparatus or machinery. (4) I am unable to vote at a polling place/vote center because of conditions resulting in my absence from the precinct for an election.

I authorize _____ to deliver a vote by mail ballot to me.

(full name of agent/representative)

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

Voter Signature: _____ Date: _____

YOUR DIRECT LINK TO
Fresno County Elections



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

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