



**Application to Provide Vote-By-Mail Ballot to Representative  
July 1, 2025  
First Supervisorial District, Special General Election**

If a voter needs a replacement vote-by-mail ballot, the voter may apply in writing for a vote-by-mail ballot to be provided to the voter's representative. This application must be provided in person to the county elections office by the voter's representative.

**1. VOTER'S NAME:**

**2. DATE OF BIRTH:**

\_\_\_\_\_  
First Middle Last Month/Day/Year

**3. RESIDENCE ADDRESS:**

\_\_\_\_\_  
Number and Street (P.O. Box will not be accepted)

\_\_\_\_\_  
City State Zip Code

**4. TELEPHONE NUMBER (OPTIONAL):** \_\_\_\_\_

**5. VOTER'S STATEMENT AND AUTHORIZATION:**

I authorize \_\_\_\_\_ to obtain my ballot and deliver it to me.  
Authorized Representative

**6. CERTIFICATION:**

I certify under penalty of perjury under the laws of the State of California that the information I have provided on this application is true and correct.

**Signature of Voter (Do Not Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Warning:** Perjury is a felony, punishable by imprisonment in state prison for up to four years. (Penal Code § 126)

If a voter is unable to sign, they may make a mark which shall be witnessed.

**7. WITNESS (IF APPLICABLE):**

**Witness Signature:** \_\_\_\_\_

**8. REPRESENTATIVE'S STATEMENT** (to be signed in the presence of the elections official):

I, \_\_\_\_\_, acknowledge receipt of \_\_\_\_\_'s vote-by-mail ballot.  
Authorized Representative Name of Voter

**QUESTIONS?** (858) 565-5800

**TOLL FREE:** (800) 696-0136

**Further information provided on the back**

## HOW TO FILL OUT THIS APPLICATION

**ITEM 1.** Print your first, middle, and last names as they appear on your Voter Registration Card.

**ITEM 2.** Print your date of birth in this order—month, day, year.

**ITEM 3.** Print the complete street address of your voting residence. A post office box or rural route cannot be accepted.

**ITEM 4.** Print your telephone number. (Optional)

**ITEM 5.** Print the Authorized Representative's name.

**ITEM 6.** Sign application and print date in this order—month, day, year.

**ITEM 7.** If a voter is unable to sign, they may make a mark which shall be witnessed. Witness will sign, if applicable.

**ITEM 8.** To be signed in the presence of the elections official.

## HOW TO SUBMIT THE APPLICATION

### IN-PERSON:

Registrar of Voters  
5600 Overland Ave, Suite 100  
San Diego, CA 92123

Office Hours:  
Monday through Friday  
8:00 a.m. to 5:00 p.m.