

AUTHORIZATION FOR CANDIDATE'S REPRESENTATIVE
California Gubernatorial Recall Election

Election Date: September 14, 2021

Candidate's Name:

As registered to vote: _____

Residence Address:

Mailing Address:

(If different)

Contact Info:

() _____ () _____

Day Telephone

Evening Telephone

E-Mail

Office Sought:

District Name: _____

I authorize the following person(s) to act as my representative to obtain the necessary forms for my candidacy to the above-referenced office:

I am aware of the filing dates. The forms must be completed and received by the Registrar of Voters no later than 5:00 p.m. on the deadline date.

(A postmark is **not** acceptable.)

Filing Period..... July 9 – July 16, 2021

Write-in Filing Period..... July 19 – August 31, 2021

Date

Candidate's Signature