INDIVIDUAL VOTE BY MAIL BALLOT APPLICATION FOR MAY 19, 2009 STATEWIDE SPECIAL ELECTION

Complete and mail the information below to the **KINGS COUNTY ELECTIONS OFFICE, 1400 W. LACEY BLVD., HANFORD, CA 93230,** to obtain an absentee ballot for the May 19, 2009 Statewide Special Election. If mailed, this application must be received by the Kings County Election Office no later then 5:00 p.m. on May 11, 2009. After May 11, 2009 applications for absentee ballots may be made in person, until 8:00 p.m. May 19, 2009, at the Kings Co. Elections Office.

PRINT NAME

First Name Middle Name or Initial Last Name Date of Birth

RESIDENCE ADDRESS IN KINGS COUNTY:

Number and Street – as registered (P.O. Box, Rural Route, etc. not acceptable) (Designate N, S, E, W if used)

City ZIP Code

PRINT MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE):
NOTE: This form is not valid for distribution by organizations.

Number and Street – as registered (P.O. Box, Rural Route, etc. not acceptable) (Designate N, S, E, W if used)

City ZIP Code (Area Code) Daytime Telephone

(Area Code) Residence Telephone

THIS FORM PROVIDED BY: _____

Return this application to the Kings County Elections Department in Person or by Mail to:

Kings County Elections Department
1400 W. Lacey Blvd.
Hanford , CA. 93230.
Telephone: (559) 582-3211 Ext. 4401.

Returning this application to anyone other than your elections official may cause a delay that could interfere with your ability to vote.

PERMANENT VOTE BY MAIL APPLICATIONS

Voters may apply to Permanently Vote By Mail. Contact the County Elections Office at the address listed above for further information. You may also fill out and mail the Kings County on-line Permanent Absentee Voter Application at http://www.countyofkings.com/acr/elections/Permanent%20Vote%20by%20Mail%20Instructions.html

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT

I have not applied for, nor do I intend to apply for, a Vote by Mail ballot from any other jurisdiction for this election. I certify under **penalty of perjury** under the laws of the State of California that the name and residence address and information I have provided on this application are true and correct.

SIGNATURE: _____ DATE: _____

WARNING: *Perjury is punishable by imprisonment in state prison for two, three or four years.* *(Section 126 of the California Penal Code)*

DO NOT USE THIS FORM IF YOU ARE AN ORGANIZATION WHO WISHES TO DISTRIBUTE ABSENTEE BALLOT APPLICATIONS. FORMS FOR ORGANIZATIONS MAY BE OBTAINED FROM THE KINGS COUNTY ELECTIONS DEPARTMENT.

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