# PERMANENT VOTE-BY-MAIL BALLOT APPLICATION

THIS FORM MAY BE COMPLETED ON LINE. PRINT AND SIGN THE COMPLETED APPLICATION AND MAIL TO THE ADDRESS LISTED BELOW

**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

FOR OFFICIAL USE ONLY

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.

**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, an absentee ballot from any other jurisdiction. 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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