APPLICATION FOR VOTE BY MAIL BALLOT FOR THE NOVEMBER 3, 2009 CONSOLIDATED DISTRICTS ELECTION

To obtain a Vote by Mail ballot, complete the information on this form. This application must be **received** by the elections official **no later than 5:00 P.M. on October 27, 2009** if you want your ballot to be mailed to you.

. PRINT NAME:			2.		
First Name	Middle or Initial	Last Name		mm/dd/yy	
. RESIDENCE ADD	RESS IN S	SOLANO		COUNTY (Please Print)	
Number and Street -	- as registered (P.O. Box,	Rural Route, etc. are not accept	table) (Design	ate N, S, E, W, if used)	
Ci				ZIP Code	
TELEPHONE NUM	MBER: () Day 1	Time (optional)	()	Evening (optional)	
Fmail		FΔX			
PRINT MAILING	ADDRESS FOR BALL	OT (IF DIFFERENT FRO			
PRINT MAILING NOTE: Organization	ADDRESS FOR BALLES distributing this form n	OT (IF DIFFERENT FRO	dress inform		
PRINT MAILING NOTE: Organization	ADDRESS FOR BALLES distributing this form n	OT (IF DIFFERENT FRO	ldress inforn		
PRINT MAILING NOTE: Organization Number and S City MITH	ADDRESS FOR BALL s distributing this form n treet / P.O. Box (Des	OT (IF DIFFERENT FRO nay not preprint mailing ad signate N. S. E. W. if used) U.S. State or Foreign N WILL NOT BE ACCR SIGNATURE OF THE	Country CEPTED IE APPLI	ZIP Code	
PRINT MAILING NOTE: Organization Number and S City 6. T WITH I have not applied for this election. I certify	ADDRESS FOR BALL Is distributing this form n Itreet / P.O. Box (Des	OT (IF DIFFERENT FRO nay not preprint mailing ad signate N. S. E. W. if used) U.S. State or Foreign	Country CEPTED IE APPLI t from any of state of Cali	ZIP Code CCANT Other jurisdiction for fornia that the name	
PRINT MAILING NOTE: Organization Number and S City 6. T WITH I have not applied for this election. I certify	ADDRESS FOR BALL Is distributing this form n Itreet / P.O. Box (Des	OT (IF DIFFERENT FROmay not preprint mailing addsignate N. S. E. W. if used) U.S. State or Foreign N WILL NOT BE ACC SIGNATURE OF THE y for, a Vote by Mail balloury under the laws of the S	Country CEPTED IE APPLI t from any of state of Cali	ZIP Code CCANT Other jurisdiction for fornia that the name	

FOR OFFICIAL USE ONLY

Voter I.D. Number or bar code information may be printed here.

NOTICE

You have the legal right to mail or deliver this application directly to the local elections official of the county where you reside. This address is:

Registrar of Voters 675 Texas Street, Suite 2600 Fairfield, CA 94533 (707) 784-6675

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

*In order to determine which parties allow Decline to State voters to vote in their primary elections, contact the Secretary of State's toll-free number: 1-800-345-VOTE.

Elections Code Section 3006(c)

PERMANENT VOTE BY MAIL VOTER

Check this box if you wish to become a Permanent Vote by Mail voter and a ballot will automatically be sent to you for future elections. Failure to vote in two consecutive statewide general elections will cancel your Permanent Vote by Mail Status and you will need to reapply. If you have any questions concerning voting by Mail Ballot, telephone the Registrar of Voters Office at the number listed above.

7. FORM PROVIDED BY:

IMPORTANT: organizations providing this form must enter their name, address and phone number