



APPLICATION FOR VOTE BY MAIL BALLOT
ARCADIA UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION ELECTION
 TUESDAY, APRIL 18, 2017

To request a Vote By Mail Ballot, complete the information on this form. This application form must be received by the Election Officials no later than **April 11, 2017**.

1. **PRINT NAME:** _____ 2. **DATE OF BIRTH:** _____

 First Name Middle Name or Initial Last Name

3. **RESIDENCE ADDRESS** (please print):

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

 City County Zip Code

4. **TELEPHONE NUMBER:** (_____) _____ (_____) _____
 (Optional) Daytime Evening

(Optional) _____
 Email Address

5. **MAILING ADDRESS FOR BALLOT, IF DIFFERENT FROM ABOVE. (PLEASE PRINT)**

NOTE: ORGANIZATIONS DISTRIBUTING THIS FORM MAY NOT PREPRINT MAILING ADDRESS INFORMATION.

 Number and Street/P.O. Box (Designate N.S.E.W if used)

 City U.S. State or Foreign Country Zip Code

6. THIS APPLICATION FORM 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, 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)

7. ORGANIZATIONS PROVIDING THIS FORM MUST ENTER THEIR NAME, ADDRESS AND TELEPHONE NUMBER ON THE LINE BELOW:

VBMAPP 2/2017



申請郵寄投票
ARCADIA聯合學區教育委員會選舉
 2017年4月18日，星期二

要申請郵寄選票，請填寫此申請表。本申請表必須在不遲於**2017年4月11日**送達選舉官員。

1. **正楷簽名:** _____ 2. **出生日期:** _____

 名 中間名或首字母 姓

3. **居住地址** (請正楷書寫):

 註冊的街道和門牌號 (不接受郵箱、郊區線路等) (如使用了方向, 請指出東南西北)

 市 縣 郵遞區號

4. **電話號碼:** (_____) _____ (_____) _____
 (可選) 白天 晚上

(可選) _____
 電子郵件地址

5. **投票郵寄地址**, 如與上述地址不同 (請正楷書寫)

注意: 分發本申請表的單位不得預先打印郵寄地址資訊。

 街道和門牌號/郵箱 (如使用了方向, 請指出東南西北)

 市 美國或外國 郵遞區號

6. **如無申請人本人的有效簽名, 本申請表不予接受。**

我未申請也不打算為這次選舉申請任何其他司法管轄系統的郵寄選票。我證明, 我在申請表中提供的姓名、居住地址和信息均真實正確。如有不實之處, 我將受到California法律的偽證處罰。

 簽名 日期

警告: 偽證罪的處罰為2、3或4年的州監獄監禁。(California刑法典第126節)

7. 提供此申請表的單位必須在下面的線條上方輸入其名稱、地址及電話:

FOR OFFICIAL USE ONLY

NOTICE – You have the legal right to mail this form to:

Registrar-Recorder/County Clerk
 Vote By Mail Section
 PO Box 30450, Los Angeles, CA 90030-0450

or deliver to:

12400 Imperial Hwy., Norwalk, CA 90650
 3rd Floor Room 3002
 8am – 5pm
 (800) 815-2666 option # 2

Returning this application to anyone else may cause a delay that could interfere with your right or ability to vote.

Any voter wishing to become a Permanent Vote By Mail voter may call our office at: (800) 815-2666 option # 2 for further information or visit our website at lavote.net.

The format used on this application **MUST** be used by ALL individuals, organizations, and groups that distribute Vote By Mail Ballot applications. Failure to conform to this format may result in criminal prosecution. Elec. Code Secs. 3007 & 18402

Under Federal law, election materials are available in other languages in Los Angeles County 1-800-481-VOTE.

當局專用

通知 — 你有合法權利將該本申請表發送至:

Registrar-Recorder/County Clerk
 Vote By Mail Section
 PO Box 30450, Los Angeles, CA 90030-0450

或郵寄至:

12400 Imperial Hwy., Norwalk, CA 90650
 3rd Floor Room 3002
 早上8點至下午5點
 (800) 815-2666選項#2

將本申請表返還給任何人有可能導致延遲, 使你投票的權利或能力受到影響。

永久性郵寄投票選民的選民可致電我們的辦公室:(800) 815-2666選項#2, 以獲取更多資訊, 或訪問我們的網站: lavote.net.

所有分發郵寄選票申請的個人、組織和集體必須使用本申請表的格式。如果不符合這個格式, 有可能導致刑事起訴。選舉法規第 3007 & 18402 節

依據聯邦法規, Los Angeles縣備有其他語言的選舉資料, 可致電1-800-481-VOTE索取。

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