

**ABSENTEE BALLOT APPLICATION  
MARCH 7, 2000 PRESIDENTIAL PRIMARY ELECTION**

To receive an absentee ballot, complete this form. This application must be received by the elections official no later than 5 p.m. on **FEBRUARY 29, 2000.**

\*\*\* PLEASE PRINT \*\*\*      mo      day      yr

1. NAME:

2. DATE OF BIRTH:

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First Name

Middle Name

Last Name

3. RESIDENCE ADDRESS (Do not use P.O. Box Number):

Number and Street

City

State

Zip Code

4. TELEPHONE NUMBER: (      )

Daytime

(      )

Evening

5. MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE):

Street or P.O. Box

City

State or Country

Zip Code

6. SIGNATURE

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

*I certify under penalty of perjury that the information on this application is true and correct.*

**X**

SIGNATURE OF APPLICANT (DO NOT PRINT)

DATE

WARNING: Perjury is punishable by imprisonment in state prison for two, three or four years. (Penal Code §126 )

**I HAVE NOT AND WILL NOT APPLY FOR AN ABSENTEE BALLOT BY ANY OTHER MEANS**

**FOR OFFICIAL USE ONLY**

**NOTICE**

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

**County Clerk-Elections Department  
701 Ocean Street, Room 210  
Santa Cruz, CA 95060-4076**

**Phone: (831) 454-2060  
FAX: (831) 454-2445**

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

**PERMANENT ABSENTEE  
VOTERS**

Voters with specified disabilities may qualify as PERMANENT ABSENT VOTERS. Contact your county elections official at 831-454-2060 for further information.

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