# ABSENTEE BALLOT APPLICATION MARCH 7, 2000 PRESIDENTIAL PRIMARY ELECTION

^ ^ ^	PLEASE PRIN	
NAME:	2. DATE O	F BIRTH:
First Name	Middle Name	Last Name
RESIDENCE ADDRESS (Do	o not use P.O. Box Num	nber):
Number and Street		
City	State	Zip Code
TELEPHONE NUMBER: (	) Daytime	( ) Evening
MAILING ADDRESS FOR B	•	. 9
Street or P.O. Box		
City	State or Country	Zip Code
SIGNATURE		
THIS APPLICATION WILL NOT BE	ACCEPTED WITHOUT PROP	ER SIGNATURE OF THE APPLICAN
I certify under penalty of perjury that	the information on this applicat	ion is true and correct.
LONATURE OF ARRUSANT (DO NO	T DDIVIT)	
GNATURE OF APPLICANT (DO NO	•	DATE
ARNING: Perjury is punishable by imprisor		or four years. (Penal Code §126 )
I HAVE NOT AND WILL NOT A		. <b></b>
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#### 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: FAX:

(831) 454-2060 (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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