

**Kern County Elections**

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E-Mail: votebymail@kerncounty.comwww.KernVote.com**FOR OFFICIAL USE
ONLY****Remote Accessible Vote-by-Mail Ballot Application****November 5, 2024, General Election****Attention: This Application is for Electronic Delivery of Your Ballot by Email****Applicant Information**

This application must be received in our office via email, fax, mail, or hand delivery no later than **the close of polls on Election Day, November 5, 2024. Please submit this form as soon as possible to allow time to receive, vote, and return your ballot by the close of polls.** If this application is received late, incomplete, or inaccurate, we will be unable to process this request. Complete ALL fields:

1. Print Name: _____ **2. Date of birth:** _____

First

Middle

Last

(MM/DD/YYYY)

3. Residence Address: _____
Number/Street (PO Box not accepted) City State Zip**4. E-mail Address REQUIRED:** _____
Your ballot will be delivered electronically to this email address.**5. Telephone Number:** _____**Declaration and Signature**

I declare under penalty of perjury that:

- The information on this form is true, accurate, and complete to the best of my knowledge.
- I have not applied for an accessible vote by mail ballot or vote by mail ballot from any other jurisdiction for this election.
- I understand that my selections marked by this system must be printed and signed by me and submitted to the Kern County Elections Division.
- I understand that my selections marked by this system and submitted to the Kern County Elections Division will then be transferred onto an official ballot for tabulation.

Signature: _____

Date: _____

*******For Official Use Only*********Processed date:** _____**Rejected:** Yes / No**Reason:**

Incomplete

Not Registered

Diff Res on file

Illegible

Reject Notice Sent: _____**Staff initials:** _____