

ABSENTEE BALLOT APPLICATION**NOVEMBER 6, 2007 MUNICIPAL ELECTION**

To obtain an absentee ballot, complete the information on this form.

This application must be received by the San Francisco Department of Elections no later than

5:00 PM on Tuesday, October 30, 2007. Mail or fax application to:**City Hall, 1 Dr. Carlton B. Goodlett Place, Rm. 48, San Francisco, CA 94102-4634; Fax: (415) 554-4372.****DATE OF BIRTH:** ~ ~ ~

For Official Use Only

THIS FORM IS NOT TO BE REPRODUCED

INITIALS:

DATE:

LAST NAME (PLEASE PRINT)

FIRST NAME (PLEASE PRINT)

M.I.

San Francisco, CA

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Zip Code

RESIDENCE ADDRESS (where you live)

MAILING ADDRESS (where you want your ballot sent, if different from above)

City

()

STATE

COUNTRY

ZIP CODE

AREA CODE

DAY TIME TELEPHONE

PERMANENT ABSENTEE VOTER

Check here to become a Permanent Absentee Voter. Any voter may request to be a Permanent Absentee Voter. If you check the box above and sign here _____ an absentee ballot will automatically be sent to you for future elections. Failure to vote in two consecutive statewide general elections will cancel your Permanent Absentee Voter Status and you will need to reapply. If you have any questions concerning voting by Absentee Ballot, call our Elections Office at 415-554-4411 (CA Elections Code Section 3201& 3206)

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

I have not and will not apply for an absentee ballot for this election by any other means.

I certify, under penalty of perjury, under the laws of the State of California, that the name and residence address on this application are true and correct.

MAIL

SIGNATURE:

DATE:

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