



## Remote Accessible Vote-By-Mail Ballot Application

FOR OFFICIAL USE  
ONLY

Kern County Elections  
1115 Truxtun Ave.  
Bakersfield, CA 93301  
661-868-3590  
Fax: 661-868-3723

E-Mail: [votebymail@kerncounty.com](mailto:votebymail@kerncounty.com)  
[www.kernvote.com](http://www.kernvote.com)

This application must be received in our office via email, fax, mail or hand delivery no later than **5:00 p.m. October 27, 2020**. If this application is received late, incomplete or inaccurate, we will be unable to process this request.

1. This is an application for an accessible vote by mail ballot for the \_\_\_\_\_ election.  
Month/Day/Year Primary/General/Special

2. Print Name: \_\_\_\_\_ 3. Date of birth: \_\_\_\_\_  
First Middle Last Month/Day/Year

4. Residence Address: \_\_\_\_\_  
Number/Street (PO Box not accepted) City State Zip

5. E-mail Address **REQUIRED**: \_\_\_\_\_

6. 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: \_\_\_\_\_