

**APPLICATION FOR AN ABSENTEE BALLOT
FOR THE NOVEMBER 7, 2000 GENERAL ELECTION**

To obtain an absentee ballot, complete the information on this form. This application must be received by the elections official no later than 5:00 p.m. on Oct 31, 2000.

1. PRINT NAME: _____ 2. DATE OF BIRTH: _____
first middle name or initial last name (optional) mo/day/yr

3. RESIDENCE ADDRESS IN CONTRA COSTA COUNTY (please print):

City _____ Zip Code _____
4. TELEPHONE NUMBER: (optional) _____
daytime evening

PRINT MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE):
NOTE: Organizations distributing this form may not preprint mailing address information.

Number and Street / P.O. Box (Designate N, S, E, W if used)

City State or Country Zip Code

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

I have not applied 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.

SIGNATURE Date

WARNING: perjury is punishable by imprisonment in state prison for two, three or four years. (Section 126 of the California Penal Code)

THIS FORM WAS PROVIDED BY: _____

City of Brentwood

NOTICE

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

COUNTY CLERK
524 Main Street
P.O. Box 271
Martinez, CA 94553

(phone) (925) 646-4160

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

Voters with specified disabilities may qualify as PERMANENT ABSENT VOTERS. If you are disabled or a caretaker of a disabled person, contact your county elections official for an application at:
(925) 646-4160