

County of Santa Clara

Registrar of Voters

1555 Berger Drive, Bldg. 2
San Jose, CA 95112
Mailing Address: P.O. Box 611360, San Jose, CA 95161-360
(408) 299-VOTE (8683) (866) 430-VOTE (8683) FAX: (408) 998-7314
www.sccvote.org



District Election Cost Estimate Request Form

[Link to Established Election Dates Webpage](#)

Please allow up to 6 weeks for completion cost estimate

Send completed checklist via email to ROV-fiscal@rov.sccgov.org and email-rov-nom@rov.sccgov.org

Name of District _____

Election Date (if applicable)

- Scheduled _____
 Requested _____

Be aware that when requesting cost estimates or calling for an election *the ROV is not responsible for determining if a jurisdiction can hold an election as we cannot give legal advice; consequently, jurisdictions are encouraged to seek advice through their legal counsel.*

CHECKLIST TO BE COMPLETED BY DISTRICT

Place a checkmark next to each item that the district requests to be included in the election cost estimate.

Select one (required):

- Consolidate with regularly scheduled election:
 Vote Center and Mail Ballot
 Mail Ballot Only
 Special Election to be held on a date other than regularly scheduled election. If special election requested, will the district request a Mail Ballot Election?* Yes No

**If Mail Ballot Election requested, district must pay postage for return of mail ballots.*

Select all that apply:

- District-wide officeholder election (include all eligible voters in district)
 Area / Division officeholder election (include all eligible voters in specified area of district)
List all Areas / Divisions to be included in election _____
 District-wide ballot measure or advisory measure: How many? _____
 Trustee / Area / Division ballot measure or advisory measure: How many? _____

List any additional relevant information or special request not listed above:

- Other: _____
 Other: _____
 Other: _____

District contact person for all election cost estimate(s) related correspondence (required):

Contact Name: _____
Telephone: _____
Mailing Address: _____
City, State ZIP _____

Dated: _____

Signature of Person Completing Form

Print or Type Name and Title of Person Completing Form

Santa Clara County Registrar of Voters Office Use Only:

District-wide voter count: _____ Completed by (Fiscal Staff Member): _____
Area / Division voter count: _____ Completed Date: _____
Area / Division voter count: _____ Date Emailed/Mailed/Faxed to District: _____