

# 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](mailto:ROV-fiscal@rov.sccgov.org) and [email-rov-nom@rov.sccgov.org](mailto: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.  
 Special Election to be held on a date other than regularly scheduled election:  
 Vote Center and Mail Ballot  
 Mail Ballot Only\*

*\*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: \_\_\_\_\_