Emergency Ballot Delivery Program
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The Emergency Ballot Delivery Program is for voters that are hospitalized, incarcerated, or persons with disabilities who are unable to retrieve their ballots personally. The program allows voters to request a ballot up to 7 days before the election. The Registrar of Voters will mail the ballot to the updated address.

The Registrar of Voters introduced the Emergency Ballot Delivery Program service to all facilities throughout the county to give them the opportunity to request ballots for voters that are hospitalized, incarcerated, or persons with disabilities to assign a coordinator the ability to request and receive ballots on their behalf.

The Facility Coordinators' Application forms and instructions on how to complete and submit the Emergency Ballot Delivery Application are enclosed in this package.
## APPLICATION FOR THE EMERGENCY BALLOT DELIVERY PROGRAM

1. **NAME OF BUSINESS OR FACILITY:**
   
   **NAME OF FACILITY**

2. **TYPE OF FACILITY:**

3. **COORDINATOR NAME:**
   
   **First**  **Middle or Initial**  **Last**

4. **ADDRESS:**
   
   Number and Street (P.O. Box, Rural Route, etc. will not be accepted)  (Designate N, S, E, W if used)

   City  State  Zip Code or Postal Code

5. **MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE):**
   
   Number and Street/P.O. Box (Designate N, S, E, W if used)

   City  State  Zip Code or Postal Code

6. **TELEPHONE NUMBER:**
   ____________  ________________  7. **FAX NUMBER:**
   Day  Evening

8. **EMAIL ADDRESS:**

9. **THIS APPLICATION MUST BE SIGNED**

   **SIGNATURE**  **DATE**

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**NOTICE**

You have the right to mail or deliver in person this application directly to the Registrar of Voters Vote by Mail Division. Returning this application to anyone other than your county elections official may cause a delay that could interfere with your ability to vote. If this application is returned by mail, please mail it to the PO Box address below.

**County of Santa Clara Registrar of Voters**
**Vote by Mail Division - Pamela Hamilton**
**PO Box 611750, San Jose, CA 95161-1750**
**Dir: (408) 299-8640, FAX: (408) 293-6002**
**Email applications to: emergencyballot@rov.sccgov.org**
Facility Coordinator Emergency Ballot Delivery Instructions

ANY FACILITY THROUGH OUT SANTA CLARA COUNTY MAY REQUEST AN EMERGENCY BALLOT DELIVERY FOR A REGISTERED VOTER IN THEIR FACILITY.

Any resident who is not registered, can register online at www.sccvote.org

HOW TO SUBMIT THE APPLICATION

The Facility Coordinator Application must be returned to the Registrar of Voters.

Please do not send applications to the Secretary of State’s office. Doing so will delay the application process. If this application is returned by mail, it must be returned directly to the Registrar of Voters’ office.

Mail to:
County of Santa Clara Registrar of Voters’ Office Attn: Pamela Hamilton/VBM Division
PO Box 611750
San Jose, CA 95161-1750

In-person:
County of Santa Clara Registrar of Voters’ Office Attn: Pamela Hamilton/VBM Division
1555 Berger Drive, Building 2
San Jose, CA 95112

Dir: (408) 299-8640
Faxed applications: (408) 293-6002
Emailed applications: emergencyballot@rov.sccgov.org

DEADLINE FOR FILING FOR BALLOT DELIVERY

Applications must be received no later than 7 days before election day to update your address and ensure delivery. Any application submitted after the deadline can be e-mailed to the office, however, the ballot will have to be picked up when ready. Please make sure to return all ballots before 8pm Election Night.

How to Fill Out this Application

ITEM 1. Enter the name of business or facility.

ITEM 2. Specify the type of business or facility.

ITEM 3. Print the coordinator’s name.

ITEM 4. Print the complete street address of the business or facility. A post office box or rural route cannot be accepted.

ITEM 5. Print the complete address where you want the ballot sent if it is different than the business or facility address provided in Item 4.

ITEM 6, 7, and 8. Print your telephone number, fax, and email address to allow the Registrar of Voters’ office to contact you if more information is needed.

ITEM 9. This application must be signed and dated to be processed.
QUALIFICATIONS TO REGISTER TO VOTE:
- A United States citizen and resident of California
- 18 years old or older on or before Election Day
- Not currently imprisoned for the conviction of a felony
- Not currently found mentally incompetent to vote by a court

COMPLETING THE FORM
To avoid a delay in processing your form, make sure that your form is valid and accepted by completing the bold sections below. Leaving these sections blank, may cause a delay in processing your form.

Section 1 - QUALIFICATIONS: Be sure to check both of these boxes, if they apply. Your form cannot be processed if the U.S. citizenship box is not checked.

Section 2 - LEGAL NAME: We recommend you register to vote under the same name as shown on your drivers license.

Section 3 - IDENTIFICATION: If you have a CA driver's license/identification card number and/or Social Security number, write the information here. If you do not have either, you may leave the fields blank.

Section 4 - ADDRESS WHERE I LIVE: You must provide a street address for the address at which you live. If you do not have a street address, you may give an exact description of where you live. Include cross streets, route etc. Include the apartment, unit, space, or building number and/or letter if it applies to your address.

PO Boxes and Mail Drops may not be used as a residence address.

Section 5 - ADDRESS WHERE I RECEIVE MAIL: If your mailing address is different from your residence address, provide your mailing address. Any address can be used as a mailing address which includes a P.O. Box or Mail Drop.

Section 6 - REGISTRATION HISTORY: Complete the registration history section, if you were previously registered.

Section 7 - VOTE BY MAIL: Under the Voter’s Choice Act, every voter will automatically be sent a Vote by Mail ballot; however, you are not required to use it. Every voter also has the option to go to a Vote Center and vote in person instead.

Section 8 - POLITICAL PARTY: If you prefer to not select a political party, you may check the “No Party/None” box. Leaving this field blank will automatically default your political party preference to No Party Preference.

Section 9 - OPTIONAL VOTER HISTORY: The information in this section is optional.

Section 10 - AFFIDAVIT: Sign and date your form. Your form must be signed in order to be processed and approved.

RETURNING THE REGISTRATION FORM
- Tear off and keep the bottom portion of the form as your receipt. Once processed and approved, you will receive a voter notification card in the mail.
- Forms may be mailed and must be postmarked by the registration deadline.
- You may return the form in person at the Registrar of Voters’ office, however, returning by mail is preferred.
- If you are returning a form on behalf of the voter, you must return it within 3 days of receiving it.

PAPER & ONLINE REGISTRATION DEADLINES
Eligible citizens who need to register or re-register to vote within 14 days of an election can complete Conditional Voter Registration and vote at the Registrar of Voters or at any Vote Center.

California Online Voter Registration: You may also register to vote at registertovote.ca.gov
Emergency Ballot Delivery Application

1. THIS IS AN APPLICATION FOR AN EMERGENCY BALLOT DELIVERY FOR THE Mo./Day/Yr., Name of Election.

2. PRINT NAME: ____________________________
   First Middle or Initial Last

3. DATE OF BIRTH: Mo./Day/Yr.

4. RESIDENCE ADDRESS:
   Number and Street (P.O. Box, Rural Route, etc. will not be accepted) (Designate N, S, E, W if used)
   City State Zip Code

5. MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE):
   Number and Street/P.O. Box (Designate N, S, E, W if used)
   City State or Foreign Country Zip Code or Postal Code

6. TELEPHONE NUMBER: ____________________________
   Day Evening

EMERGENCY BALLOT DELIVERY:

___ I will be unable to go to a Vote Center on Election Day because of one of the following conditions:
- Illness or disability resulting in confinement in a medical facility, sanatorium, nursing home, or place of residence
- Physical disability and/or existing architectural barriers at a Vote Center denying physical access to the Vote Center, voting booth, or voting equipment because of physical disability
- Conditions resulting in an absence from a Vote Center on Election Day

7. THIS APPLICATION MUST BE SIGNED:
I declare under penalty of perjury that the above is true and correct and authorize the bearer to receive my ballot. I understand that this ballot must be returned to the Registrar of Voters' Office by 8 pm on election day or postmarked with the date of the election and received no later than three days after election day.

SIGNATURE: ____________________________ DATE: ________________

Warning: Perjury is a felony, punishable by imprisonment in state prison for up to four years, (Penal Code 7 26)

AUTHORIZED BALLOT DELIVERY - Complete if someone is picking up another person's ballot.

I hereby affirm under penalty of perjury that I am at least 16 years old and I am the authorized representative of the voter for whom I am presenting this written statement.

PRINT NAME: ____________________________
   First Middle or Initial Last

SIGNATURE: ____________________________ DATE: ________________
Facility Coordinator's Resource Page

☐ Voting Posters

☐ Voting Banners

☐ Voting Flyers

☐ Printed Voting Materials

☐ Directional Signs

☐ "I Voted" Stickers

☐ County Voter Information Guides

☐ Vote by Mail Return Envelopes

RESOURCES FOR FACILITIES TO ASSIST WITH VOTING NEEDS
<table>
<thead>
<tr>
<th>Event</th>
<th>Date details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Election Date</strong></td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Military &amp; Overseas Ballot Mailing</strong></td>
<td>Between 45 - 60 days before election</td>
</tr>
<tr>
<td><strong>Mail County Voter Information Guides (CVIG)</strong></td>
<td>Between 29 - 40 days before election</td>
</tr>
<tr>
<td><strong>1st Day to Issue VBM Ballots</strong></td>
<td>Starting 29 days before election</td>
</tr>
<tr>
<td><strong>Last Day to Register to Vote</strong></td>
<td>15 days before election</td>
</tr>
<tr>
<td><strong>Deadline to request a Vote by Mail ballot (by mail)</strong></td>
<td>7 days before election</td>
</tr>
<tr>
<td><strong>Remote Accessible Vote by Mail Ballots</strong></td>
<td>Starting 29 days before election</td>
</tr>
<tr>
<td><strong>Unsigned &amp; Signature Verification Statement Deadline</strong></td>
<td>28 days after election</td>
</tr>
<tr>
<td><strong>Vote by Mail Ballots Post Mark</strong></td>
<td>3 days after election</td>
</tr>
<tr>
<td><strong>Facility Coordinator Application Form</strong></td>
<td>7 days before election</td>
</tr>
<tr>
<td>(Submit form by Fax or Email)</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Ballot Delivery Application Form</strong></td>
<td>7 days before election</td>
</tr>
<tr>
<td>(Submit form by Fax or Email)</td>
<td></td>
</tr>
<tr>
<td><strong>1st Day Ballot Drop Box locations available</strong></td>
<td>29 days before election</td>
</tr>
<tr>
<td><strong>Total Ballot Drop Boxes available</strong></td>
<td>Varies by election</td>
</tr>
</tbody>
</table>

* Date falls on a weekend or state holiday; it does not move forward to the next business day.

** Date falls on a weekend or state holiday; it moves forward to the next business day.

***For more services, visit eservices.sccgov.org/rov