



COUNTY OF KINGS ELECTIONS DEPARTMENT

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Lupe Villa
Registrar of Voters
1400 W. Lacey Blvd. Bldg. #7
Hanford, California 93230

Elections@CountyofKings.com

AUTHORIZATION FORM FOR MAIL BALLOT PICK-UP

REGISTERED NAME AND BIRTHDATE OF VOTER (Please print clearly):											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">First Name</td> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">Middle Name</td> <td colspan="2" style="width: 34%; border-bottom: 1px solid black; padding-bottom: 5px;">Last Name</td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 10px 0 10px 100px;"> <div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> Date of Birth </td> </tr> </table>				First Name	Middle Name	Last Name		<div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> Date of Birth			
First Name	Middle Name	Last Name									
<div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> Date of Birth											
RESIDENCE ADDRESS (Do not use a PO Box number or Business Address):											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black; padding-bottom: 5px;">Number and Street</td> <td style="width: 15%; border-bottom: 1px solid black; padding-bottom: 5px;">City</td> <td style="width: 15%; border-bottom: 1px solid black; padding-bottom: 5px;">State</td> <td style="width: 25%; border-bottom: 1px solid black; padding-bottom: 5px;">Zip</td> </tr> </table>				Number and Street	City	State	Zip				
Number and Street	City	State	Zip								
AUTHORIZATION AND SIGNATURE:											
<p>I declare under penalty of perjury that this information is true and correct. I authorize the bearer of this request to pick up my ballot and deliver it to me:</p>											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black; padding-bottom: 5px;">Signature of Applicant</td> <td style="width: 30%; border-bottom: 1px solid black; padding-bottom: 5px;">Date</td> </tr> </table>				Signature of Applicant	Date						
Signature of Applicant	Date										
<u>Person Picking up:</u>											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black; padding-bottom: 5px;">Printed Name</td> <td style="width: 55%; border-bottom: 1px solid black; padding-bottom: 5px;">Signature</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px 0 10px 100px;"> <div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> Date of Birth </td> </tr> </table>				Printed Name	Signature	<div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> Date of Birth					
Printed Name	Signature										
<div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> Date of Birth											
Official Use Only											
Accepted By:	<input style="width: 60px; height: 25px;" type="text"/>	Ballot Issued By:	<input style="width: 60px; height: 25px;" type="text"/>								
		Date:	<input style="width: 100px; height: 25px;" type="text"/>								

