

## COUNTY OF KINGS ELECTIONS DEPARTMENT

1-800-289-9981 ext. 4401 / 559-852-4401 FAX: (559) 585-8453

## **Measure Letter Preference Form**

Jurisdiction Name:	Election Date:
Title or Description of Measure:	

County of Kings Official Use Only

Date Received:	Time Received:	Received By:
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Please complete this form to select your first, second, and third letter designation choices for your jurisdiction's measure on the ballot. Additionally, you may select up to five letter designations that the jurisdiction DOES NOT want assigned to its measure if your preferred choices are unavailable. By selecting a letter designation preference, the Kings County Elections Department cannot guarantee that it will be able to accommodate your request. The last day to submit a Measure Letter Preference form is E-88.

							F	'irst (	Choi	ce								
Place a Check Mark over your choice of Letter.								A		B		С		D		E		F
G		Н		Ι		J	K		L		М		N		0		Р	
	Q		R		S	Т		U		V		W		X		Y		Z
							Se	cond	. Cho	ice								
DI										_				_		_		_

Place a Check Mark over your choice of Letter.								A		B		С		D		E		F	
G		Н		Ι		J		K		L		Μ		Ν		0		Р	
	Q		R		S		Т		U		V		W		X		Y		Z

	Third Choice																		
Place a Check Mark over your choice of Letter.							A		B		С		D		E		F		
G		H		Ι		J		K		L		Μ		Ν		0		Р	
	Q		R		S		Т		U		$\mathbf{V}$		W		X		Y		Z

## If the letters above are not available, preferably **DO NOT** assign Letter(s): (Maximum 5.)

Place an X over the Letter(s) you DO NOT want.								Α		B		С		D		Ε		F	
G		Н		Ι		J		K		L		Μ		Ν		0		Р	
	Q		R		S		Т		U		V		W		X		Y		Z