Emergency Ballot Delivery Request Form  
March 5, 2024, Consolidated Presidential Primary Election

San Francisco residents who are registered or eligible to register to vote, and who are hospitalized, homebound, or otherwise unable to travel, may use this form to request ballot delivery.

You may return this form via mail, fax to 415-554-7344, or scan and email to ballotdelivery@sfgov.org. Upon receipt of this form, a Department of Elections staff member will call you during business hours to schedule the delivery.

If you have questions or need additional assistance, call the Department at (415) 554-4375. TTY: (415) 554-4386

<table>
<thead>
<tr>
<th>Full name:</th>
<th>Date of birth:</th>
<th>Phone:</th>
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Residential address (where you live):

Address to deliver ballot (if different than above):

Who will accept delivery of your ballot? Check one of the two boxes below:

- [ ] I will accept the delivery of my ballot, OR
- [ ] I authorize the following person to accept the delivery of my ballot:
  
  Name: ____________________________  Phone #: __________________

[ ] Check this box if you would like a Department of Elections staff member to assist with marking and/or returning your voted ballot.

I declare I am either a resident of San Francisco, California, or I am qualified to vote in San Francisco elections pursuant to §321 of the Elections Code. I have not voted, nor intend to vote, a ballot from any other jurisdiction for the same election. I understand that voting twice is a crime.

Sign here: ________________________  Date: __________________________

If you are unable to sign, make a mark witnessed by a person 18 years of age or older.