

領取選票授權書

2024 年 3 月 5 日選舉

如要授權他人代為領取及送遞您的選票，請填寫此授權書。獲授權者必須帶同此授權書並於投票時間內到市政廳投票中心領取選票。

若您因患病或殘障不能出行，您可以授權選務處的職員送遞及 / 或收取您的選票。

1. 選民授權書

本人授權以下人士，此人現年 16 歲或以上，替我領取選票並把選票送交給我：

獲授權替您領取選票的代表人姓名：

請注意：如您提供的資料與您記錄中的資料不同，本處將會更新您的選民登記記錄。

選民的姓名：	出生日期：
居住地址：	政黨偏好： <input type="checkbox"/> 美國獨立黨 <input type="checkbox"/> 自由黨 <input type="checkbox"/> 民主黨 <input type="checkbox"/> 和平與自由黨 <input type="checkbox"/> 綠黨 <input type="checkbox"/> 共和黨 <input type="checkbox"/> 其他: _____ <input type="checkbox"/> 我不想選擇以任何一個政黨作為政黨偏好
本人聲明，本人為加州三藩市的居民，或本人根據《選舉法》§ 321 有資格在三藩市的選舉中投票。本人未曾投票，亦不打算在同一次選舉中使用任何其他司法管轄區的選票來投票。本人明白，在同一次選舉中重複兩次投票即屬違法。	
在此簽署：	日期：

如您沒有能力提供親筆簽名，請在此畫記號，並由一位 18 歲以上的見證人在記號旁邊簽名作實。

2. 若您在登記投票時選取了無政黨偏好，您可以填寫此部份

在 3 月 5 日的選舉中，無政黨偏好的選民可以申請取用美國獨立黨、民主黨或自由黨的總統候選人選票來投票。已經登記以一個合資格的政黨作為政黨偏好的選民，則無需要填寫此部份，因為他們收到的選票已經包括其所屬政黨的總統候選人。如要查看您的政黨偏好，請到 sfelections.org/portal 或致電 (415) 554-4367。

本人拒絕披露對於合資格政黨的偏好。但僅於 3 月 5 日的總統初選，本人要求取用以下政黨的選票來投票（只可選一黨），我的選擇是：

□ 美國獨立黨

☐ 民主黨

自由黨

3. 代表人的聲明（請於選務處職員在場見證下簽名）

本人， 確認已收到 的郵寄選票。
獲授權的代表人 選民的姓名



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

John Arntz, Director

Ballot Pick-Up Authorization Form
March 5, 2024 Election

This form allows you to authorize another person to pick up your ballot and deliver it to you. The authorized person must bring this form to the City Hall Voting Center any time during voting hours.


If you are unable to travel due to illness or disability, you can authorize a staff member of the Department of Elections to deliver and/or pick up your ballot.

1. Voter Authorization

I request that my ballot be delivered to me by the following person, who is 16 years of age or older:

Full name of person authorized to pick up ballot:

Note: The Department will update your registration record if the information you provide is different than your information on record.

Full name of voter:		Date of birth:
Residential address:	Political Party Preference: <input type="checkbox"/> American Independent <input type="checkbox"/> Libertarian <input type="checkbox"/> Democratic <input type="checkbox"/> Peace and Freedom <input type="checkbox"/> Green <input type="checkbox"/> Republican <input type="checkbox"/> Other: _____ <input type="checkbox"/> I do not want to choose a party preference	
<i>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.</i>		
Sign here: 		Date:

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

2. Complete this section ONLY if you are registered to vote with no preference for a political party

For the March 5 election, voters with no party preference can request a ballot with presidential candidates of the American Independent, Democratic, or Libertarian parties. Voters registered with a qualified political party do not need to complete this section because their ballot will already include their party's presidential candidates. To check your party preference, visit sfelections.org/portal or call (415) 554-4375.

I have declined to disclose a preference for a qualified political party. However, for the March 5, 2024, Presidential Primary Election only, I request a ballot from the (choose one):

☐ American Independent Party

☐ Democratic Party

☐ Libertarian Party

3. Representative's Statement (to be signed in the presence of the elections' official)

I, _____ acknowledge receipt of, _____'s vote-by-mail ballot.
Authorized Representative *Name of voter*

English (415) 554-4375
Fax (415) 554-7344
TTY (415) 554-4386

sfelections.org
1 Dr. Carlton B. Goodlett Place
City Hall, Room 48, San Francisco, CA 94102

中文 (415) 554-4367
Español (415) 554-4366
Filipino (415) 554-4310