



# CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF ELECTIONS

John Arntz, Director

## Voter Registration Card Statement of Distribution

### I. General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Street Address (No PO Box): \_\_\_\_\_

Contact Name at Organization: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

# Requested: English: \_\_\_\_\_ English/Chinese: \_\_\_\_\_ English/Spanish: \_\_\_\_\_ English/Filipino: \_\_\_\_\_ English/Vietnamese: \_\_\_\_\_  
English/Korean: \_\_\_\_\_ English/Japanese: \_\_\_\_\_ Other: \_\_\_\_\_

### Please check box if your organization is a National Voter Registration Act (NVRA) agency office or site:

- PA: All Public Assistance Agencies mandated as registration sites
- AF: All Armed Forces Recruitment Offices
- DA: All State-Funded Agencies primarily serving persons with disabilities
- O: Other Agency: \_\_\_\_\_

### II. Registration Plan

- Fixed Location
- Door-to-Door
- Mail (Blanket)
- Mail (Targeted)
- Petition
- Other: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Briefly explain your distribution plan (where the forms will be distributed and by whom): \_\_\_\_\_

### III. Declaration

I declare, under penalty of perjury, that I have read and understand the legal requirements on the reverse side of this form, and that I will take reasonable steps to ensure that:

- The person or persons distributing Voter Registrations Cards will give a registration card to any elector requesting one
- The registration cards issued will not be defaced or changed in any way, other than by insertion of a mailing address and the affixing of postage
- Prior to distribution, the green affidavit portion of the registration cards will not be marked, stamped, or partially or fully completed by anyone other than an elector or by another person assisting the elector
- Persons entrusted with distribution or subsequent collection of completed registration cards will be fully advised of the legal requirements outlined on the reverse side of this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only	Total quantity of registration cards requested: _____	Quantity:
<input type="checkbox"/> English	Affidavit Serial # From: _____ To: _____	_____
<input type="checkbox"/> English/Chinese	Affidavit Serial # From: _____ To: _____	_____
<input type="checkbox"/> English/Spanish	Affidavit Serial # From: _____ To: _____	_____
<input type="checkbox"/> English/Filipino	Affidavit Serial # From: _____ To: _____	_____
<input type="checkbox"/> English/_____	Affidavit Serial # From: _____ To: _____	_____
<input type="checkbox"/> English/_____	Affidavit Serial # From: _____ To: _____	_____

Deputy (print): \_\_\_\_\_ Date: \_\_\_\_\_