



Emergency Ballot Pick-Up and Delivery Request Form
September 14, 2021, Election

Department of Elections staff may deliver the ballot directly to the voter or to an authorized representative, such as a caregiver or hospital employee. The Department of Elections may also retrieve a ballot directly from the voter or an authorized representative.

To request ballot delivery by Department staff, contact the Department at (415) 554-4375 or email a scanned copy of this form to sfvote@sfgov.org with subject line "Emergency Ballot Pick-Up and Delivery Request".

1. Voter Information

Last Name First Name Middle Birth Date: MM / DD / YYYY

Residential Address San Francisco, CA ZIP Code

Phone Number

I will be unable to travel to a vote center or polling place on Election Day and request that my ballot be delivered to me. I authorize the following representative to: (please check the applicable boxes)

- Pick up and deliver my ballot to me
Return my ballot to a Department of Elections official

Sign Here [arrow] Date

2. Authorized Representative: Name of Authorized Person Who Will Accept Ballot Delivery (if not the voter)

Last Name First Name Middle

Address San Francisco, CA ZIP Code

Phone Number Name of Organization

I certify that I will deliver and/or return the ballot of the voter whose name appears on the ballot envelope.

Sign Here [arrow] Date

3. For Department Use Only

Table with 3 columns: Division, Name, Date. Rows include VDA, Delivery Driver Drop Off, and Delivery Driver Pickup.



緊急領取及送遞選票申請表

2021 年 9 月 14 日選舉

選務處職員可以把選票直接送予選民或交給選民授權的代表，例如：照顧者或醫院的僱員。選務處也可以直接接收選民的選票或經選民授權代表轉交的選票。

如要求本處派員送遞選票，請致電 (415) 554-4367 聯絡選務處，或把此申請表的掃描檔案以電郵附件方式發送至 sfvote@sfgov.org，標題請用英文註明「Emergency Ballot Pick-Up and Delivery Request」。

1. 選民的資料

姓 _____ 名 _____ 中間名 _____ 出生日期：____/____/____

住宅地址 _____ San Francisco, CA _____ 郵政編號 _____

聯絡電話 _____

本人因為無法到投票中心或於選舉日當天到投票中心或投票站投票，現申請把選票送遞給我。
 本人授權下列代表：（請勾選各適用的選項）

- 為本人領取及送遞選票
- 把本人的選票交予選務處職員

在此簽署 _____ 日期：_____

2. 選民授權的代表：獲選民授權代為接收選票者的姓名（如非選民本人親自接收）

姓 _____ 名 _____ 中間名 _____

地址 _____ San Francisco, CA _____ 郵政編號 _____

聯絡電話 _____ 機構名稱 _____

本人確認本人將會送遞及/或把選票交給選票信封上註明姓名的選民。

在此簽署 _____ 日期：_____

3. 選務處專用

Division / 部門	Name / 姓名	Date / 日期
VDA		
Delivery Driver Drop Off		
Delivery Driver Pickup		