



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

John Arntz, Director

緊急選票服務申請表
2022 年 2 月 15 日選舉

選民如無法親身前往投票站或市政廳投票中心可使用此表格申請緊急選票服務。通過此項服務，選務處職員可以把選票直接送予選民或交予選民授權的代表，職員也可以上門接收選民投下的選票並代為送回選務處，或提供上述兩種服務。

要求緊急選票送遞和 / 或收件服務：如要求使用有關服務，請填寫此申請表，然後用郵寄、傳真至(415) 554-7344，或把申請表的掃描檔案以電郵附件方式發送至 sfvote@sfgov.org 交回選務處。您也可以致電(415) 554-4367 提出申請，然後在你的選票送達或收件時填寫本表格。

授權他人代為接收您的選票：如您無法親自接收您的選票，您可以授權一位代表，例如：護理員或醫院職員，接收選票並轉交給您。如要採用此方法，您和您授權的代表都必須填寫此份申請表，而且必須在您的選票送達之前或送達之後向選務處交回此申請表。

查看其他您可選用的投票方法：您可以選擇通過無障礙郵寄投票系統 sflections.org/access 獲取您的選票。無障礙郵寄投票系統允許任何選民下載和標記一份可通過屏幕讀取的選票，在選民標記選票後，他們必須把選票打印出來並郵寄或親自交回選務處，或由選務處職員上門接收。有關無障礙郵寄投票系統及其他投票方法的詳情，請瀏覽 sflections.org/waystovote。

1. 選民的資料

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

住宅地址（您的住址；不可用郵政信箱或郵件投遞箱地址） _____ San Francisco, CA _____ 郵政編號 _____

選票送遞 / 收件地址（如與住址不同） _____ 電話號碼 _____

本人將無法到投票中心或於選舉日當天到投票站投票，現要求將我的選票送遞給我和 / 或由他人代我接收及送回我的選票。
本人授權以下代表接收送遞給我的選票。

選民簽署： _____ 日期 _____
如您沒有能力提供親筆簽名，請在見證下在橫線上畫記號或使用您在登記時用的簽名印章。

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）

選票送遞時負責接收選票者的姓名 _____ 機構名稱（如適用） _____ 電話號碼 _____

本人確認本人會把選票交給選票信封上註明為收件人的選民。

授權代表的簽署： _____ 日期 _____

For Department Use Only			
Voter ID			
Division	Name	Date	
VDA			
Delivery Driver Drop Off			
Delivery Driver Pickup			

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

sflections.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



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Emergency Ballot Service Request Form
February 15, 2022, Election

Voters who are unable to vote in person at a polling place or the City Hall Voting Center may use this form to request emergency ballot service. Through this service, Department of Elections' staff can deliver ballots to voters or their authorized representatives, pick up voted ballots and return them on voters' behalf, or both.

Request emergency ballot delivery and/or pick-up: To submit your request, complete this form and return it to the Department of Elections by mail, fax to (415) 554-7344, or scan and email to sfvote@sfgov.org. You may also submit your request by calling (415) 554-4375 and then complete a copy of this form when your ballot is delivered or picked up.

Authorize another person to accept delivery of your ballot: If you are unable to receive the delivery of your ballot yourself, you may authorize a representative, such as a caregiver or hospital employee, to accept the delivery of your ballot and hand deliver it to you. To do so, both you and the authorized representative must complete this form, and this form must be returned to the Department of Elections either prior to or upon delivery of your ballot.

View your other voting options: You may choose to access your ballot via the Accessible Vote-By-Mail (AVBM) system at sfelections.org/access. The AVBM system allows any voter to download, mark, and print a screen readable ballot, which must be returned by mail or in person, or picked up by the Department of Elections. For information about the AVBM system along with other voting options, visit sfelections.org/waystovote.

1. Voter information

Last name _____ First name _____ Middle name _____ Birth Date: ____/____/____
Residential address (where you live; cannot be a PO Box or mail drop) _____ San Francisco, CA _____
ZIP Code _____
Ballot delivery/pickup address (if different than residential address) _____ Phone number _____

I will be unable to travel to the City Hall Voting Center or a polling place on Election Day and request that my ballot be delivered to me and/or picked up and returned on my behalf. I authorize the representative below to accept the delivery of my ballot.

Voter Signature: _____ **Date** _____
If you cannot sign, you can make a witnessed mark or use a registered signature stamp instead.

2. Authorized representative who will accept ballot delivery (if not the voter)

Name of person who will accept ballot delivery _____ Organization (if applicable) _____ Phone number _____

I certify that I will deliver the ballot to the voter whose name appears on the ballot envelope.

Signature of Authorized Representative: _____ **Date** _____

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