



領取選票授權書

2022 年 11 月 8 日，聯合普選

如您無法親身領取您的郵寄選票，您可以填寫此授權書委託代表領取您的選票。從 10 月 10 日起直至 11 月 8 日選舉日，您也可以選擇通過無障礙郵寄投票系統 sfelections.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交回選務處。

從 10 月 10 日起，任何選民皆可以填寫此授權書，以授權其配偶、子女、父母、祖父母、孫子女、兄弟姐妹或任何與其居住於同一地址的人替其領取選票，並把選票交給他們。

從 11 月 1 日起，選民如因緊急醫療情況而身在醫院、其他院舍設施或禁足家中，無法親身前往市政廳投票中心或投票站，可以填寫此授權書委託任何 16 歲以上人士替其領取選票，並把選票交給他們。

如要領取選票，獲授權者必須帶同選民填妥的授權書到市政廳投票中心，開放時間如下：

- 星期一至星期五，10 月 11 日至 11 月 7 日，上午 8 時至下午 5 時
- 選舉日之前的兩個週末（10 月 29 日至 30 日和 11 月 5 日至 6 日），上午 10 時至下午 4 時
- 選舉日（星期二，11 月 8 日），上午 7 時至晚上 8 時

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 _____

2. 選民授權書

本人授權以下人士作為代表從選務處領取我的郵寄選票並把選票交給我：

獲授權送交選票人士的姓名 _____ 與選民的关系 _____

本人在這次選舉沒有申請其他任何司法管轄區的郵寄選票。本人根據加州法律偽證罪罰則謹此聲明，本人確認在此授權書所填報的各項資料全屬真實無訛。

在此簽署  _____ 日期 _____
如您沒有能力提供親筆簽名，請在橫線上畫記號，並由一位 18 歲以上的見證人在記號旁邊簽名作實。



Ballot Pickup Authorization Form

November 8, 2022, Consolidated General Election

If you are unable to pick up your vote-by-mail ballot yourself, this form allows you to authorize a representative to do it for you. Beginning October 10 and through Election Day, November 8, you may also 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 and mark a screen readable ballots; marked ballot must be printed and returned to the Department of Elections.

Beginning October 10, any voter may use this form to authorize a spouse, child, parent, grandparent, grandchild, sibling, or a person residing in their household to pick up a ballot and deliver it to them.

Beginning November 1, voters who are unable to vote in person at a polling place or the City Hall Voting Center due to confinement in a hospital, another facility, or at home because of a medical emergency may use this form to authorize anyone 16 years of age or older to pick up a ballot and deliver it to them.

The authorized person must bring this completed form to the City Hall Voting Center, which will be open as follows:

- Every weekday, October 11 to November 7, from 8 a.m. to 5 p.m.
- The last two weekends before Election Day (October 29-30 and November 5-6), from 10 a.m. to 4 p.m.
- On Election Day (Tuesday, November 8), from 7 a.m. to 8 p.m.

1. Voter Information

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


_____ San Francisco, CA _____
 Residential Address ZIP Code

2. Voter Authorization

I authorize the representative designated below to pick up my vote-by-mail ballot from the Department of Elections and deliver the ballot to me:

_____ Relationship to Voter
 Name of person authorized to deliver the ballot

I have not cast a vote-by-mail ballot from any other jurisdiction for this election. I certify under penalty of perjury under the laws of the State of California that the information I have provided on this form is true and correct.

Sign Here  _____ Date: _____

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