Emergency Ballot Delivery Program
The Emergency Ballot Delivery Program that is currently in place is being used for voters that are either hospitalized, incarcerated, or persons with disabilities who are unable to retrieve their ballots personally. The program allows voters to request a ballot up to 7 days before the election, the ROV will mail the voter their ballot to the updated address.

We wanted to introduce the Emergency Ballot Delivery Program service to all facilities throughout the county so they were given the opportunity to request ballots for their constituents and allow voters that are hospitalized, incarcerated, or persons with disabilities to assign a coordinator the ability to request and receive ballots on their behalf.

The Facility Coordinator Application forms and instructions on how to complete and submit the Emergency Ballot Delivery Application are enclosed.
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Facility Coordinator Application

THIS APPLICATION IS FOR THE EMERGENCY BALLOT DELIVERY PROGRAM
SANTA CLARA COUNTY REGISTRAR OF VOTERS

1. NAME OF BUSINESS OR FACILITY: 

2. TYPE OF FACILITY: 

3. COORDINATOR NAME: 
   First Middle or Initial Last

4. ADDRESS: 
   Number and Street (P.O. Box, Rural Route, etc. will not be accepted) 
   (Designate N, S, E, W if used)
   City State Zip Code or Postal Code

5. MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE):
   Number and Street/P.O. Box (Designate N, S, E, W if used)
   City State Zip Code or Postal Code

6. TELEPHONE NUMBER: ___________________________ 7. FAX NUMBER: ___________________________
   Day Evening

8. EMAIL ADDRESS: ___________________________

9. THIS APPLICATION MUST BE SIGNED
   SIGNATURE ___________________________ DATE ___________________________

NOTICE

You have the right to mail or deliver this application directly to your county elections official. Returning this application to anyone other than your county elections official may cause a delay that could interfere with your ability to vote. If this application is returned by mail, it must be returned directly to your county elections official.

Santa Clara County Registrar of Voters
Vote by Mail Division - Pamela Hamilton
1555 Berger Dr. Bldg. 2, San Jose, CA 95112
PO Box: P.O. Box 611750, San Jose, CA 95161-1750
Dir: (408) 299-8640, FAX: (408) 293-6002
Email: emergencyballots@rov.sccgov.org
Facility Coordinator Emergency Ballot Delivery Instructions

ANY FACILITY THROUGHOUT SANTA CLARA COUNTY MAY REQUEST AN EMERGENCY BALLOT DELIVERY FOR A REGISTERED VOTER IN YOUR FACILITY.

Any resident who are not registered, can apply online at www.sccvote.org

HOW TO SUBMIT THE APPLICATION

The Facility Coordinator Application must be returned to your county elections official.

Please do not send applications to the Secretary Of State’s office. Doing so will delay the application process.

If this application is returned by mail, it must be returned directly to your county elections official.

Mail to:
Santa Clara County Registrar of Voters’ Office
Pamela Hamilton
P.O. Box 611750 San Jose, CA 95161-1750
Dir: (408) 299-8640
Fax: (408) 293-6002
Email: emergencyballot@rov.sccgov.org

DEADLINE FOR FILING BALLOT DELIVERY

Applications must be received no later than 7 days before election to update your address and ensure delivery. Any application submitted after that date can be emailed into the office however the ballot will have to be picked up when ready. Please make sure to return all ballots to the office or any drop box or post office before 8pm Election Night.

How to Fill Out this Application

ITEM 1. Enter the name of business or facility.

ITEM 2. Specify the type of business or facility.

ITEM 3. Print the coordinator’s first, middle or initial, and last name.

ITEM 4. Print the complete street address of the business or facility. A post office box or rural route cannot be accepted.

ITEM 5. Print the complete address where you want ballot sent if it is different than the business or facility address provided in Item 4.

ITEM 6, 7, and 8. Print your telephone number, fax, and email address to allow the elections office to contact you if more information is needed.

ITEM 9. This application must be signed and date to be processed.

Remote Accessible Vote by Mail Ballot (RAVBM):

California law now allows all registered voters to use the RAVBM system to download, vote, and print their ballots for Nov. 3, 2020 General Election. RAVBM ballots can be returned in your original blue VBM envelope with your signature.

Visit eservices.sccgov.org to use RAVBM.
VOTER REGISTRATION INSTRUCTIONS

COMPLETING AND RETURNING VOTER REGISTRATION FORMS

QUALIFICATIONS TO REGISTER TO VOTE:

- A United States citizen and resident of California
- 18 years old or older on or before Election Day
- Not currently in state or federal prison or on parole for the conviction of a felony and
- Not currently found mentally incompetent to vote by a court

RETURNING THE REGISTRATION FORM

- Tear off and keep the bottom portion of the form as your receipt. Once processed and approved, you will receive a voter notification card in the mail
- Forms may be mailed and must be postmarked by the registration deadline
- You may return the form in person at the Registrar of Voters office, however, returning by mail is preferred
- If you are returning a form on behalf of the voter, you must return it within 3 days of receiving it

COMPLETING THE FORM

To avoid a delay in processing your form, make sure that your form is valid and accepted by completing the bold sections below. Leaving these sections blank, may cause a delay in processing your form.

Section 1 - *Qualifications: Be sure to check both of these boxes, if they apply. Your form cannot be processed if the U.S. citizenship box is not checked.

Section 2 - *Legal Name: We recommend you register to vote under the same name as shown on your drivers license.

Section 3 - *Identification: If you have a CA drivers license/identification card number and/or Social Security number, write the information here. If you do not have either, you may leave the fields blank.

Section 4 - *Address Where I Live: You must provide a street address for the address at which you live. If you do not have a street address, you may give an exact description of where you live. Include cross streets, route etc. Include the apartment, unit, space, or building number and/or letter if it applies to your address.

PO Boxes and Mail Drops may not be used as a residence address.

Section 5 - Address Where I Receive Mail: If your mailing address is different from your residence address, provide your mailing address. Any address can be used as a mailing address which includes a P.O. Box or Mail Drop.

Section 6 - Registration History: Complete the registration history section, if you were previously registered.

Section 7 - Vote by Mail: Under the Voter’s Choice Act, every voter will automatically be sent a Vote by Mail ballot; however, you are not required to use it. Every voter also has the option to go to a Vote Center and vote in person instead.

Section 8 - Political Party: If you prefer to not select a political party, you may check the "No Party/None" box. Leaving this field blank will automatically default your political party preference to No Party Preference.

Section 9 - Optional Voter Information: The information in this section is optional.

Section 10 - *Affidavit: Sign and date your form. Your form must be signed in order to be processed and approved.

PAPER & ONLINE REGISTRATION DEADLINES

Eligible citizens who need to register or re-register to vote within 14 days of an election can complete Conditional Voter Registration and vote at the Registrar of Voters or at any Vote Center.

California Online Voter Registration: You may also register to vote on-line at registertovote.ca.gov
Emergency Ballot Delivery Application

1. THIS IS AN APPLICATION FOR AN EMERGENCY BALLOT DELIVERY FOR THE ______________________, ______________________ ELECTION.
   Mo./Day/Yr. Name of Election

2. PRINT NAME: ______________________
   First Middle or Initial Last

3. DATE OF BIRTH: ______________________
   Mo./Day/Yr.

4. RESIDENCE ADDRESS:
   Number and Street (R.O. Box, Rural Route, etc. will not be accepted) (Designate N, S, E, W if used)
   City Zip Code

5. MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE):
   Number and Street/P.O. Box (Designate N, S, E, W if used)
   City State or Foreign Country Zip Code or Postal Code

6. TELEPHONE NUMBER: ______________________
   Day Evening

EMERGENCY BALLOT DELIVERY:

_____ I will be unable to go to a Vote Center on Election Day because of one of the following conditions:
- Illness or disability resulting in confinement in a medical facility, sanatorium, nursing home, or place of residence
- Physical disability and/or existing architectural barriers at a Vote Center denying physical access to the Vote Center, voting booth, or voting equipment because of physical disability
- Conditions resulting in an absence from a Vote Center on Election Day

7. THIS APPLICATION MUST BE SIGNED:
   I declare under penalty of perjury that the above is true and correct and authorize the bearer to receive my ballot. I understand that this ballot must be returned to the Registrar of Voters’ Office by 8 pm on election day or postmarked with the date of the election and received no later than three days after election day.

SIGNATURE: ______________________ DATE: ______________________

Warning: Perjury is a felony, punishable by imprisonment in state prison for up to four years, (Penal Code 7 26)

AUTHORIZED BALLOT DELIVERY - Complete if someone is picking up another person’s ballot.

I hereby affirm under penalty of perjury that I am at least 16 years old and I am the authorized representative of the voter for whom I am presenting this written statement.

PRINT NAME: ______________________
   First Middle or Initial Last

SIGNATURE: ______________________ DATE: ______________________
Facility Coordinator's Resource Page

- [ ] Voting Posters
- [ ] Voting Banners
- [ ] Voting Flyers
- [ ] Printed Voting Materials
- [ ] Directional Signs
- [ ] "I Voted" Stickers
- [ ] County Voter Information Guides
- [ ] Vote by Mail Return Envelopes
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<td>November 3, 2020</td>
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<td>Mail County Voter Information Guides (CVIG) (E-40 to E-29)</td>
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<td>October 5, 2020</td>
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<td>Last Day to Register to Vote (E-15)</td>
<td>October 19, 2020</td>
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<td>Deadline to request a Vote by Mail ballot (by mail)</td>
<td>October 27, 2020</td>
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<td>Remote Accessible Vote by Mail Ballots (E-29)</td>
<td>October 5, 2020 – November 3, 2020</td>
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<td>Unsigned &amp; Signature Verification Statement Deadline (E+28)</td>
<td>December 1, 2020</td>
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<td>November 20, 2020</td>
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<td>October 27, 2020</td>
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<tr>
<td>Emergency Ballot Delivery Application Form (E-7) (Submit form by Fax or Email)</td>
<td>October 27, 2020</td>
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<tr>
<td>1st Day Ballot Drop Box locations available (E-29)</td>
<td>October 5, 2020</td>
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<tr>
<td>Total Ballot Drop Boxes available</td>
<td>98</td>
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* Date falls on a weekend or state holiday; it does not move forward to the next business day.
** Date falls on a weekend or state holiday; it moves forward to the next business day.
***For more services, visit eservices.sccgov.org/rov