

Reference # _____

**AGUA DULCE TOWN COUNCIL ELECTION
NOVEMBER 4, 2025
APPLICATION for ABSENTEE BALLOT**

To request an Absentee Ballot, please complete the following application.

This application form must be received by the Election Committee no later than **(October 21, 2025)**.

Name (print): _____
First Name MI Last Name

Date of Birth: _____

Address (print): _____
Street Number and Name

City/Town State Zip Code

Number and Street as registered (P.O. Box, Rural Route, etc. not acceptable)

Telephone: () _____

Cell: () _____

Mailing address _____
(if different from above):

Note: Organizations distributing this form may not preprint mailing address information.

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT.

I have not applied for nor do I intend to apply for an absentee ballot form from another jurisdiction for this election. I certify under penalty of perjury of the laws of the State of California that the name and residence address information I have provided on this application are true and correct.

Signature

Date

NOTICE

You have the legal right to mail or Deliver this application directly to The Agua Dulce Election Committee address as follows:

***Agua Dulce Election Committee
33201 Agua Dulce Canyon Road
Postal Box #8
Agua Dulce, CA 91390***

***Or email
adtcelectioncomittee@gmail.com to
arrange pick up/drop off***

Returning to anyone other than an Election Committee Member may cause a delay and interfere with your ability to vote on Election Day.

The format used on this application MUST be used by ALL Individuals, organizations and groups distributing absentee ballot applications.