CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS
John Arntz, Director

Emergency Ballot Delivery Request Form

November 3, 2026, Consolidated General Election

San Francisco residents who are registered or eligible to register to vote, and who are hospitalized, homebound, or otherwise unable to travel, may use this form to request ballot delivery.

You may return this form via mail, fax to (415) 558-6109, or scan and email to *ballotdelivery@sfgov.org*. Upon receipt of this form, a Department of Elections staff member will call you during business hours to schedule the delivery.

If you have questions or need additional assistance, call the Department at (415) 558-6100. TTY: (415) 558-6108.

Full name of voter:	**Date of birth:**	**Phone:**
Residential address (where you live):		
Location to deliver ballot (if different than above):		

Who will accept delivery of your ballot? Check one of the two boxes below:

☐ I *will accept the delivery of my ballot, OR*

☐ *I authorize the following person to accept the delivery of my ballot:*

Name: _____ ***Phone:*** _____

☐ Check this box if you would like a Department of Elections staff member to assist with marking and/or returning your voted ballot.

I declare I am either a resident of San Francisco, California, or I am qualified to vote in San Francisco elections pursuant to §321 of the Elections Code. I have not voted, nor intend to vote, a ballot from any other jurisdiction for the same election. I understand that voting twice is a crime.

Sign Here:

➡ _____ **Date:** _____

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

Phone (415) 558-6100
Fax (415) 558-6109
TTY (415) 558-6108
sfvote@sfgov.org

sfelections.gov
1 Dr. Carlton B. Goodlett Place
City Hall, Room 48
San Francisco, CA 94102

中文 (415) 558-6102
Español (415) 558-6103
Filipino (415) 558-6104
Tiếng Việt (415) 558-6105

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緊急選票送遞服務申請表

2026 年 11 月 3 日　聯合普選

已登記為選民或符合資格登記投票的三藩市居民，如因住院、行動不便需留在家中或其他原因無法外出，可使用本表格申請選票送遞服務。

您可透過郵寄遞交本申請表，或傳真至 (415) 558-6109，亦可將表格掃描後以電郵附件方式發送至 *ballotdelivery@sfgov.org*。選務處收到您的申請表後，工作人員將於辦公時間內致電與您聯絡，以安排送遞時間。

如您有任何疑問或需要其他協助，請致電 (415) 558-6102 聯絡選務處。聽力或語言障礙人士請撥打 TTY 專線 (415) 558-6108。

選民姓名：	**出生日期：**	**電話：**
居住地址（您目前居住的地址）：		
送遞選票地址（如與上述地址不同）：		

誰會接收您的選票？請從以下兩個選擇中勾選其一：

☐ *本人將親自接收送遞給我的選票，或*

☐ *本人授權以下人士接收送遞給我的選票：*

姓名： _____ ***電話：*** _____

☐ 若您希望選務處職員協助您填寫及／或交回您投下的選票，請勾選此方格。

本人聲明，本人為加州三藩市居民，或根據《選舉法》第 321 條，具備資格於三藩市選舉中投票。本人未曾於本次選舉中投票，亦無意就同一選舉於任何其他司法管轄區投票。本人明白重複投票即屬犯罪。

在此簽署：

_____ **日期：** _____

若您無法簽名，可在此處作記號，並由一名年滿 18 歲的人士見證。

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