Ballot Pick-Up Authorization Form
September 16, 2025, Special Recall Election

This form allows you to authorize another person to pick up your ballot and deliver it to you.

You can authorize a spouse, child, parent, grandparent, grandchild, sibling, or person residing in your household to pick up your ballot. The authorized person must bring this form to City Hall, Room 48 any time during voting hours:

- Every weekday, August 18-September 15, from 8 a.m. to 5 p.m. (except September 1, Labor Day)
- The weekend before Election Day (September 13 and 14), from 10 a.m. to 4 p.m.
- On Election Day (Tuesday, September 16), from 7 a.m. to 8 p.m.

If you are unable to travel due to illness or disability, you can authorize *anyone* to pick up your ballot using this form. You can also authorize a staff member of the Department of Elections to deliver and/or pick up your ballot.

Voter Authorization

I request that my ballot be delivered to me by the following person, who is 16 years of age or older:

Full name of person authorized to pick up ballot:
Relationship to voter:

I declare I am either a resident of Supervisorial District 4, 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.

Full name of voter:	**Date of birth:**
Residential address:	
Sign here:	Date:

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

領取選票授權書
2025 年 9 月 16 日 特別罷免選舉

這份表格允許您授權他人領取您的選票及將選票轉交給您。

您可以授權配偶、子女、父母、祖父母、孫子女、兄弟姐妹或與您同住的人士領取您的選票。獲授權者必須於投票時間內帶同此表格到市政廳 48 室，時間如下：

- 星期一至星期五，8月18日至9月15日，上午8時至下午5時（9月1日勞工節除外）
- 選舉日之前的週末（9月13日和14日），上午10時至下午4時
- 選舉日（星期二，9月16日），上午7時至晚上8時

若您因疾病或殘障不能出行，您可以使用此表格授權任何人領取您的選票。您也可以授權選務處的職員送遞及／或收取您的選票。

選民授權書

本人授權以下人士，此人現年至少 16 歲，替我領取選票並把選票交付給我：

獲授權領取選票人的姓名：
與選民的關係：

本人聲明，本人是加州三藩市市議會第 4 選區的居民，或根據《選舉法》§321，本人符合資格在三藩市的選舉中投票。本人未曾投票，亦沒有意圖在同一次的選舉使用任何其他司法管轄區的選票投票。本人明白重複投票即屬犯罪。

選民的姓名：	**出生日期：**
居住地址：	
# 在此簽署： ➡	日期：

如您沒有能力提供親筆簽名，請在此畫記號，並由一位 18 歲以上的見證人在記號旁邊簽名作實。

English (415) 554-4375   sfelections.gov   中文 (415) 554-4367
Fax (415) 554-7344   1 Dr. Carlton B. Goodlett Place   Español (415) 554-4366
TTY (415) 554-4386   City Hall, Room 48, San Francisco, CA 94102   Filipino (415) 554-4310