



CITY AND COUNTY OF SAN FRANCISCO  
**DEPARTMENT OF ELECTIONS**


John Arntz, Director

**Emergency Ballot Delivery Request Form**  
**September 16, 2025, Special Recall 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) 554-7344, or scan and email to [ballotdelivery@sfgov.org](mailto: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) 554-4375. TTY: (415) 554-4386.

<b>Full name:</b>	<b>Date of birth:</b>	<b>Phone:</b>
<b>Residential address (where you live):</b>		
<b>Location to deliver ballot (if different than above):</b>		
<b>Who will accept delivery of your ballot? Check one of the two boxes below:</b>  <input type="checkbox"/> <i>I will accept the delivery of my ballot, OR</i> <input type="checkbox"/> <i>I authorize the following person to accept the delivery of my ballot:</i> <b>Name:</b> _____ <b>Phone #:</b> _____  <input type="checkbox"/> Check this box if you would like a Department of Elections staff member to assist with marking and/or returning your voted ballot.		
<i>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.</i>		
<b>Sign here:</b> 		<b>Date:</b>
<i>If you are unable to sign, make a mark witnessed by a person 18 years of age or older.</i>		



## 緊急送遞選票服務申請表

### 2025 年 9 月 16 日 特別罷免選舉

已經登記為選民或符合資格投票的三藩市居民，若因住院、禁足家中或其他緣故無法出門，可使用此表格要求選務處派人送遞其選票。

您可以郵寄遞交此申請表，亦可傳真至 (415) 554-7344 或掃描並以電郵附件發送至 [ballotdelivery@sfgov.org](mailto: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打電話給您，安排送遞時間。

如您有任何疑問或需要其他協助，請致電 (415) 554-4367，或撥打聽力及語言障礙人士專用電話 TTY: (415) 554-4386 聯絡選務處。

姓名：	出生日期：	電話：
居住地址（您的住所）：		
送遞選票地址（如與上述地址不同）：		
<p>您的選票將會由誰人接收？請從以下有兩個選擇中勾選其一：</p> <p><input type="checkbox"/> 本人將親自接收送遞給我的選票，或</p> <p><input type="checkbox"/> 本人授權以下人士接收送遞給我的選票：</p> <p>姓名：_____ 電話：_____</p> <p><input type="checkbox"/> 若您想要求選務處職員協助填寫及 / 或交回您投下的選票，請勾選此方格。</p>		
<p>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。</p> <p>在此簽署：_____ 日期：_____</p> <p> _____</p> <p>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。</p>		