

Plumas County

Remote Accessible Vote by Mail Request

Please provide your voter information to receive a link with access to your ballot and voter information.

I am requesting a remote access vote by mail for the **November 4, 2025 Consolidated Statewide Special Election** to be sent to me electronically.

Print name

Date of Birth

First Name

MI

Last Name

Residence address

Street Number and Name

City

State/Zip

What is your email address to send the link?

Confirm email address

What is your phone number in case we need to contact you?

I certify and attest that:

The information on this form is true, accurate, and complete to the best of my knowledge.

I have not applied for an accessible vote by mail ballot or vote by ballot from any other jurisdiction for this election.

I understand that my selections marked by this system and submitted to the elections official of my jurisdiction are not private because an election official will transfer my voting selections on my printed vote summary to an official ballot. I waive my right to a secret ballot.

I understand that my selections marked by this system must be printed by me, signed and submitted to the election official of my jurisdiction.

Signature_____ Date_____