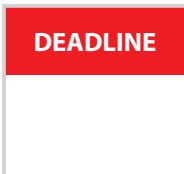


Please print legibly

C O N T A C T  I N F O	<b>Official name of the service club you will be working with:</b>	
	<b>First Name:</b>	<b>Last Name:</b>
	<b>Date of Birth:</b> (00/00/0000)	<b>CA Drivers License:</b>
	<b>Residential Address:</b> (Do not provide a mailing address or PO Box in this field)	
	<b>City / State:</b>	<b>Zip Code:</b>
	<b>Mailing address:</b> (if different than above)	
	<b>City / State:</b>	<b>Zip Code:</b>
	<b>Contact Phone Number:</b>	<b>Alternate Number:</b>
	<b>Email Address:</b>	
	<b>Registered to Vote in Placer County?</b> Yes      No	
	<b>If you are registered to vote in a different County please specify:</b>	
	<b>Do you speak and understand one or more languages other than English?</b> Yes      No	
<b>If yes, please specify:</b>		

Please print legibly

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<b>If yes, please specify:</b>		



**RETURN VIA E-MAIL, FAX, MAIL OR IN PERSON TO:**

**Placer County Elections Office**  
 2956 Richardson Dr. Auburn, CA 95603  
 PO BOX 5278 Auburn, CA 95604

**Fax:** (530) 886-5688

**E-mail:**

[placer\\_precincts@placer.ca.gov](mailto:placer_precincts@placer.ca.gov)