



District Election Cost Estimate Request Form

Please allow up to 6 weeks for completion cost estimate

Send completed checklist via email to stanvote@stancounty.com

Name of District \_\_\_\_\_

Scheduled Elected Date / Requested Election Date (if applicable) \_\_\_\_\_

CHECKLIST TO BE COMPLETED BY DISTRICT

Place a checkmark next to each item that the district requests to be included in the election cost estimate.

Select One (required):

- Consolidate with regularly scheduled election - Polling place election with vote by mail
Special election to be held on date other than regularly scheduled election
If special election requested, will the district request All Mail Ballot Election\* Yes No
\* If All Mail Ballot Election requested, district must pay postage for return of mail ballots

Select all that apply:

- District-wide officeholder election (include all eligible voters in district)
Area/Division officeholder election (include eligible voters in specified area of district)
List all Area/Divisions to be included in election
District-wide ballot measure or advisory measure: How Many?
Trustee/Area/Division ballot measure or advisory measure: How Many?

List any additional relevant information or special requests not listed above:

- Other
Other
Other

District contact person for all election cost estimate related correspondence:

Contact Name:
Telephone: Email:
Mailing Address:
City, State ZIP

Dated: \_\_\_\_\_

Signature of Person Completing Form

Print Name and Title of Person Completing Form

Stanislaus County ROV Office Use Only:

District-wide Voter Count
Area/Division Voter Count
Area/Division Voter Count

Completed By / Date:
Emailed/Mailed/Faxed to District: