



Darlene E. Ingersoll
Registrar of Voters

Blanca B. Torres
Assistant Registrar of Voters

Merced, CA 95340
Main: (209) 385-7541
Fax: (209) 385-7387

www.mercedelections.org

Voting Assistance Center Area Application

Date: _____

Please review the requirements and restrictions for using your area as a Voting Assistance Center. A Merced County Registrar of Voters Staff Member will evaluate every area to ensure the area meets all requirements to service the residents of Merced County.

Area Name: _____

Area Address: _____

City: _____ State: _____ Zip Code: _____

Area Phone Number: _____

Area Owner/Organization: _____

Phone Number of Area Owner/Organization: _____

Owners/Organization Mailing Address: _____

Area Contact Person: _____

Phone Number for Contact Person: _____

Emergency Contact Person: _____

Phone Number for Emergency Contact Person: _____

We would like to thank you for taking the time to apply and provide an area that Merced County voters can use to cast their ballot. We will be reaching out to the owner or organization of the area to continue the application process. Not all areas will be utilized, as we will have a required number of areas as per election code. If we need an additional area, we will reach out to the owner or organization again to see availability for upcoming elections. Some areas may be set as a backup if selected areas are unable to participate in a set election.

Print Name _____

Signature _____

Your signature indicates that you have read, understand, and agree with the requirements and restrictions stated on this document and allow our department to evaluate the designated area to ensure it meets specifications required by law.