



Melvin E. Levey
Registrar of Voters

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District Election Cost Estimate Request Form

Please allow up to 2 weeks for completion cost estimate

Send completed checklist via email to elections@countyofmerced.com

Name of District _____

Scheduled Election 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

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

Merced 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: _____