



Darlene E. Ingersoll  
Registrar of Voters

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[www.mercedelections.org](http://www.mercedelections.org)

## 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](mailto: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: \_\_\_\_\_