

**MARIN COUNTY REGISTRAR OF VOTERS  
REQUEST FOR ANOTHER BALLOT**

Request a replacement ballot in writing either in person, by mail, email or fax. If it is less than 10 days before Election Day, call us at 415-473-6456 for instructions.

- **By mail:** Marin County Elections Office, P.O. Box E, San Rafael, CA 94613
- **By fax:** Attn: Vote by Mail 415-473-6447
- **By email:** Caroline Foster at [cfoster@marincounty.org](mailto:cfoster@marincounty.org)
- **In person to:** Marin Civic Center, 3501 Civic Center Drive, Room 121, San Rafael, CA 94903. Hours: 8 a.m. to 4:30 p.m. Monday-Friday, and 7 a.m. to 8 p.m. on Election Day.

**Request for a Replacement Ballot**

I request a replacement ballot for the \_\_\_\_\_ election because:

\_\_\_\_\_ I Did not receive my original ballot

\_\_\_\_\_ I Lost my original ballot

\_\_\_\_\_ I damaged my original ballot

\_\_\_\_\_ Other \_\_\_\_\_

**I swear under penalty of perjury that the foregoing is true and correct.**

Print name: \_\_\_\_\_

Sign name: \_\_\_\_\_

Residence address: \_\_\_\_\_  
Number Street

City Zip Code

**Address to send ballot if different from residence address**

Number or PO Box Street

City Zip Code

Date \_\_\_\_\_