Marin County Replacement Vote-By-Mail Ballot Application

FOR OFFICIAL USE ONLY

By requesting a replacement vote-by-mail ballot, I hereby certify that I did not receive a vote-by-mail ballot for this election, or if I did receive a ballot, that ballot has been lost or destroyed.

1. **This is an application for a replacement vote-by-mail ballot for the** _____ , _____ **Election.**
   Month/Day/Year   Type of Election (Primary, General, or Special)

2. **Print Name:** _____   **3.   Date of Birth:** _____
   First   Middle or Initial   Last   Month/Day/Year

4. **Residence Address:** _____
   Number and Street (P.O. Box, Rural Route, etc. will not be accepted)   (Designate N, **S**, E, W if used)

   _____
   City   Zip Code

5. **Mailing Address for ballot (If different from above):** ____ Permanent mailing address change   ____ Mailing address for this election only

   If your mailing address is outside of the U.S., and you are a military or overseas voter, register at www.RegisterToVote.ca.gov or use the Federal Post Card Application at www.fvap.gov.

   _____
   Number and Street, P.O. Box, Rural Route, etc (Designate N, **S**, E, W if used)

   _____
   City   State   Zip Code

6. **Telephone Number (optional):** _____   _____
   Day   Evening

7. **This application must be signed.**

   I certify under penalty of perjury under the laws of the State of California that the information I have provided on this application is true and correct.

   Signature: _____   **Date:** _____

   Warning: Perjury is a felony, punishable by imprisonment in state prison for up to four years. (Penal Code§ 726)

The Elections Department ***must receive*** your application for a replacement vote-by-mail ballot at least 7 days before Election Day (mail can take 5-7 days within Marin County).

Mail to:
   Attn: Replacement Ballot
   P.O. Box E
   San Rafael CA 94913-3904

Fax to:
   (415) 473 - 4244
   or
   (415) 473 - 6447

Email to:
   votebymail@marincounty.org

If you have any questions, please call 1-415-473-6456