

**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 or 415-473-4244
- By email: Vote by Mail at VoteByMail@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 _____