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** _____ (Month/Day/Year) , _____ (Type of Election (Primary, General, or Special)) **ELECTION.**

2. **PRINT NAME:** _____ (First) (Middle or Initial) (Last)

3. **DATE OF BIRTH:** _____ (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 RegisterToVote.ca.gov or use the Federal Post Card Application at www.fvap.gov.

_____ (Number and Street/P.O. Box (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 § 126)

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 form to:

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

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