

Vote by Mail Replacement Ballot Application

I hereby request a vote by mail replacement ballot

1. Neatly Print Your Name _____ 2. Birth Date _____

3. Residence Address _____
(Use house number and road or street name) City Zip Code

4. Mailing Address, if different _____
City Zip Code

5. Phone Numbers Home: _____ Cell: _____ Work: _____

6. I will be gone during the time the ballot is mailed.
 I have failed to receive my ballot.
 I have damaged, spoiled, or made a mistake on my ballot.
 I have lost my ballot.

I declare under penalty of perjury under the laws of the State of California, that the information on this application is true and correct, and I am the person whose name and signature appear hereon. I have not applied for a vote by mail ballot, nor do I intend to, from any other jurisdiction for this election.

Voter Signature: _____ Date: _____

Mail Application to: **Butte County Clerk-Recorder Elections Division**
Hall of Records
155 Nelson Avenue
Oroville CA 95965-3411

Office Use Only

EIMS Election Workspace VBM Application Method:

EIMS Election Workspace Ballot Issue Type:

Ballot Issue ID number: _____

Application Processed by: _____