



VOTE BY MAIL REPLACEMENT BALLOT REQUEST FORM

FOR REQUESTS BY MAIL:

If a voter fails to receive, has lost, or spoiled their original vote by mail ballot, they may be issued a replacement ballot. Please complete this form and mail or fax it to the address indicated below no later than 7 days prior to the election and a replacement ballot will be mailed to you.

Mail to: Butte County Elections Office or Fax to: (530) 538-6853
25 County Center Dr Ste 110
Oroville CA 95965-3361

SEVEN DAYS PRIOR TO THE ELECTION:

If a voter requires a replacement ballot during the seven days immediately prior to the election, they may receive a ballot by ..

- Appearing in person at the Butte County Elections Office
- Voting a provisional ballot at their designated polling place on Election Day

REPLACEMENT BALLOT REQUEST FORM

I, _____, hereby swear (or affirm) that:
Print name as registered

- I have lost or failed to receive my vote by mail ballot. If I should receive or find my original ballot, I will destroy it immediately.
- I have spoiled my vote by mail ballot. I understand that I must surrender my spoiled ballot to the Butte County Elections Office before a replacement ballot can be issued to me.
- Other: _____

~~For Primary Elections only:~~

- ~~I am an unaffiliated voter and have received a nonpartisan ballot. I wish to have a second ballot issued to me for the following political party:~~
- ~~_____ Democratic Party _____ Republican Party~~

I hereby declare under penalty of perjury under the laws of the State of California that the foregoing declarations are, to the best of my knowledge and belief, true and correct.

Signature: _____ Date: ____ / ____ / ____

Residence Address: _____
Street City