For Official Use Only

Date Received: _____

_____

Deputy

REQUEST FOR A REPLACEMENT BALLOT

I, _____, declare under penalty of perjury that I have lost or did not receive my absentee ballot, and that I have not cast a ballot for the **November 8, 2016 General Election**, and I hereby request a replacement ballot be issued to me for this election.

_____ _____

Voter Signature Date

Residence Address: _____

Please Mail My Ballot
To This Address: _____

_____

Please return this declaration to the Elections Department, 516 W. Sycamore St., Willows CA 95988 to obtain a replacement absentee voter ballot.