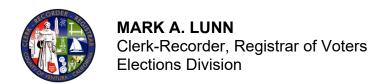
This form can be completed online but must be printed for submission to the Elections Division.



MAIL COMPLETED FORM TO: Elections Division, L-1200

800 South Victoria Avenue Ventura, CA 93009-1200

FAX TO: (805) 648-9200

E-MAIL TO: VenturaVoterRegistration@ventura.org

AFFIDAVIT TO REQUEST A REPLACEMENT VOTE BY MAIL BALLOT

hereby state that my "Vote By Mail Ballot" for the				_Election
to be held on	_, was lost, des	stroyed, or never re	eceived.	
hereby request that a replacement ballo	ot be issued an	d mailed to:		
Print Name				
Ventura County Residence Address				
City	State		Zip Code	
Mailing Address (if different from above)				
City	State		Zip Code	
Email Address		Telephone Numb	er	
understand that voting twice in the san under penalty of perjury. (Elections Code			This stateme	nt is made
Voter's signature f unable to sign, the voter's mark must have one witne	ss. (Power of Attorr	Date _		
If applicable, witness signature on	nly			