

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



MARK A. LUNN
Clerk-Recorder, Registrar of Voters
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

I hereby state that my "Vote By Mail Ballot" for the _____ Election
to be held on _____, was lost, destroyed, or never received.

I hereby request that a replacement ballot be issued and 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 Number

I understand that voting twice in the same election constitutes a crime. This statement is made
under penalty of perjury. (Elections Code Section 3014)

Voter's signature _____ **Date** _____

If unable to sign, the voter's mark must have one witness. (Power of Attorney is not acceptable)

If applicable, witness signature only _____