



REPLACEMENT BALLOT APPLICATION

GENERAL MUNICIPAL ELECTION - APRIL 2, 2019

Present or send this completed application to the following location:

- a) Office of the City Clerk
30 South Nevada Avenue, Suite 101
Colorado Springs, CO 80903
- b) Email to election@springsgov.com

| | |
|---------------------------------|--|
| OFFICE USE ONLY | |
| VOTER ID _____ | |
| ORIG PCT/BALLOT _____ / _____ | |
| PCT/BALLOT ISSUED _____ / _____ | |
| DATE _____ INITIALS _____ | |

If sent with your ballot, complete, sign and place in your return envelope outside the secrecy sleeve.

I, _____, _____ RESIDE AT
(Print full name as registered) (Date of Birth mm/dd/yyyy)

(Residence Address – Apartment No. – Colorado Springs, CO – ZIP Code)

AND REQUEST A REPLACEMENT BALLOT BE ISSUED TO ME FOR THE FOLLOWING REASON:

- I did not receive the ballot mailed to me.
- My mailing address is no longer valid (PO Box, etc.) - attach **Voter Registration** form
- My residence address has changed.

Previous Address: _____
(Attach **Certificate of Registration** from El Paso County Election Department)

- The ballot was destroyed and/or damaged.
- The ballot was lost.
- I spoiled the ballot.
- Other: _____

I affirm that I have not voted a ballot issued for this election, and I DO NOT INTEND to vote except by requesting and voting this replacement ballot.

X _____
Elector's Signature or Mark

Date

To be counted, your ballot must be deposited in a designated drop-off location by 7:00 P.M. on Election Day. If mailed, the City Clerk must receive your ballot by 7:00 P.M. on Election Day. Postmarks do not count.