



City of Loveland

Office of the City Clerk

500 East Third Street, Suite 230 • Loveland, Colorado 80537
(970) 962-2322 • FAX (970) 962-2901 • TDD (970) 962-2620
www.cityofloveland.org

REPLACEMENT BALLOT APPLICATION City of Loveland

Special Municipal Election February 10, 2015

Voter Information: Required fields must be completed.			PLEASE PRINT	
Last Name (Required) Initial	First Name(Required)	Middle	Previous Name of Applicant (if applicable)	
Residential Street Address (Required)		Apt. No.	City/Town	State
Date of Birth (Required)	Social Security No. (last 4 digits)		Colorado Driver's License Number or Colorado Issued ID Number	
Request for Replacement Ballot: C.R.S. 31-10-910(2)(e)(I)				
<i>I hereby request a replacement Ballot be issued to me for the following reason:</i>				
<input type="checkbox"/> <i>I did not receive the ballot which was mailed to me.</i>				
<input type="checkbox"/> <i>The Ballot was destroyed/damaged/lost</i>				
<input type="checkbox"/> <i>I spoiled the Ballot</i>				
<input type="checkbox"/> <i>My voter registration was not current</i>				
<input type="checkbox"/> <i>I moved but did not change my address (requires a certificate from County elections dept.)</i>				
<input type="checkbox"/> <i>Other _____</i>				
<i>I, further, do hereby certify, that I have not as of this date voted a ballot issued for the election and I do not intend to vote except by requesting and voting this Replacement Ballot. I understand that if both the original and Replacement Ballots are cast, NEITHER Ballot shall be counted.</i>				
Voter Sign Here to Request Replacement Ballot			DATE	

**ALL BALLOTS MUST BE RETURNED TO THE CITY CLERK'S OFFICE NO LATER THAN 7:00
P.M. ON ELECTION DAY IN ORDER TO BE COUNTED**

FOR OFFICE USE ONLY		
Received:	Original Ballot No:	Replacement Ballot No:
Reg. Voter:	Date Mailed:	
Staff Initials:	Date handed to voter:	