



Office of the City Clerk

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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 | Zip |
| 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) | | | | | |
| <p><i>I hereby request a replacement Ballot be issued to me for the following reason:</i></p> <p>{ } <i>I did not receive the ballot which was mailed to me.</i></p> <p>{ } <i>The Ballot was destroyed/damaged/lost</i></p> <p>{ } <i>I spoiled the Ballot</i></p> <p>{ } <i>My voter registration was not current</i></p> <p>{ } <i>I moved but did not change my address (requires a certificate from County elections dept.)</i></p> <p>{ } <i>Other</i> _____</p> | | | | | |
| <p><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></p> | | | | | |
| 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: | |