



2019 Retiree Health Care Trust Fund Board Election

Replacement Ballot Application

To request a replacement ballot, please complete this form and return to the Department of Elections by:
Email: elections-ballotdist@sfgov.org, fax (415) 554-7257, or
Mail to: Department of Elections 1 Dr. Carlton B. Goodlett Place, Room 48, San Francisco, CA 94102.

After **May 21, 2019**, you may request a replacement ballot in person at our office:
1 Dr. Carlton B. Goodlett Place, Room 48, San Francisco, CA 94102 Monday to Friday, 8 am to 5 pm.

I do not have my ballot for the following reason:

- I did not receive it.
- I lost it.
- It is spoiled (marked incorrectly, damaged, etc.)
- Other: _____

I will not vote more than once in this election. I am aware that it is a felony to attempt to vote more than once. I certify, under penalty of perjury, that the information in this application is true and correct.

Please print:

Name _____

Address _____

City _____ ZIP Code _____

Phone Number _____

Voter Signature (required) _____ Date _____