

Replacement Ballot Application

I do not have my ballot for the following reason:

□ I did not receive it.				
□ I lost it.				
\Box It is spoiled (marked inc	correctly, damaged, etc.)			
□ Other:				
I have declined to disclose a prevote-by-mail ballot of the: (choo	eference for a qualified political party. How se one)	wever, for this primary	election only, I request a	
□ American Independent	Party Democratic	c Party	Libertarian Party	
Note: If you do not request the	ballot of one of these parties, your ballot	will not include a conte	st for President.	
Please print:				
		San	Francisco, CA 941	
Home Address (where you live;	cannot be a P.O. box)		ZIP Code	
Mailing Address (where you wa	nt your ballot to be mailed, if different from	n Home Address abov	e)	
City	State	Country	ZIP or Postal Code	
Voter Signature (required)		Date		
English (415) 554-4375 Fax (415) 554-7344 TTY (415) 554-4386	<i>sfelections.org</i> 1 Dr. Carlton B. Goodlett P. City Hall, Room 48, San Francisc		中文 (415) 554-4367 Español (415) 554-4366 Filipino (415) 554-4310	

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