

Sutter County Replacement Vote by Mail Ballot Application (EC 3014)

1435 Veterans Memorial Circle, Yuba City, CA 95993 / (530) 822 7122

Name:

Address:

City, State, Zip:

Date of Birth:

I would like to request a replacement ballot because I:

DID NOT RECEIVE A BALLOT

SPOILED MY BALLOT

OTHER: _____

By requesting a replacement vote-by-mail ballot, I hereby certify that I did not receive a vote-by-mail ballot for this election, or if I did receive a ballot, that ballot has been lost or destroyed.

I declare under penalty of perjury the foregoing is true and correct.

Signature (required)

Date

Return Signed Application By:

- Email: elections@co.sutter.ca.us
- Fax: (530) 822-7587
- Mail: Sutter County Elections, 1435 Veterans Memorial Circle, Yuba City, CA 95993