

REQUEST FOR REPLACEMENT BALLOT

California Elections Code Section 3014

Instructions to Voter: Please complete this request form and return it to the Siskiyou County Clerk's Office. This request must be received by the County Clerk's Office by May 29, 2018.

Election: June 5, 2018 Statewide Direct Primary Election

I am requesting a second ballot as I have failed to receive, lost, or destroyed my original ballot.

Name: _____

Residence Address: _____

Mailing Address: _____

Telephone Number: _____

Address to mail ballot to: _____

I certify under penalty of perjury under the laws of the State of California that the information I have provided on this request is true and complete. Warning: Perjury is punishable by imprisonment in state prison for two, three, or four years. (PC 126)

Signature: _____

Date: _____

Return completed form to:

Siskiyou County Clerk's Office

510 N. Main Street

Yreka, CA 96097

Phone: 530-842-8084

Fax: 530-841-4110

Email: elections@sisqvotes.org