Tulare County Replacement Vote-By-Mail Ballot Application

FOR OFFICIAL USE ONLY

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.

1. **THIS IS AN APPLICATION FOR A REPLACEMENT VOTE-BY-MAIL BALLOT FOR THE NOVEMBER 8, 2022, GENERAL ELECTION.**
   Month/Day/Year Type of Election (Primary, General, or Special)

2. **PRINT NAME:** _____
   First Middle or Initial Last

3. **DATE OF BIRTH:** _____
   Month/Day/Year

4. **RESIDENCE ADDRESS:** _____
   Number and Street (P.O. Box, Rural Route, etc. will not be accepted) (Designate N, S, E, W if used)

   _____
   City Zip Code California County

5. **MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE):**
   If your mailing address is outside of the U.S., and you are a military or overseas voter, register at RegisterToVote.ca.gov or use the Federal Post Card Application at www.fvap.gov.

   _____
   Number and Street/P.O. Box (Designate N, S, E, W if used)

   _____
   City State or Foreign Country Zip Code or Postal Code

6. **TELEPHONE NUMBER (OPTIONAL):** _____ _____
   Day Evening

7. **THIS APPLICATION MUST BE SIGNED.**
   I certify under penalty of perjury under the laws of the State of California that the information I have provided on this application is true and correct.

SIGNATURE _____ **DATE** _____

Warning: Perjury is a felony, punishable by imprisonment in state prison for up to four years. (Penal Code § 126)

WHO CAN USE THIS APPLICATION

If you did not receive a vote-by-mail ballot for the identified election, or if you did receive a ballot, that ballot has been lost or destroyed, you may use this application to request a vote-by-mail ballot.

How to Fill Out this Application

ITEM 1. Enter the date of the election in which you are requesting a replacement vote-by-mail ballot (month, day, year), and the type of election (Primary, General, or Special).

ITEM 2. Print your first, middle, and last names as they appear on your Voter Registration Card.

ITEM 3. Print your date of birth in this order – month, day, year.

ITEM 4. Print the complete street address of your voting residence. A post office box or rural route cannot be accepted.

ITEM 5. Mailing address information must be completed by the voter. Print the complete address where you want your ballot sent if it is different than the residence address provided in Item 4.

ITEM 6. Print your telephone number (optional, not required) to allow the elections office to contact you if more information is needed.

ITEM 7. Sign and date in this order – month, day, year. No witness or notary required.

HOW TO SUBMIT THE APPLICATION

Your Replacement Vote-By-Mail Ballot Application must be returned to your county elections official.

If this application is returned by mail, it must be returned directly to your county elections official.

Please do not send applications to the SOS's office. Doing so will delay the application process.

You can find the address and telephone number of your county elections official on the SOS website at www.sos.ca.gov/elections/voting-resources/county-elections-offices./