

Request for Replacement Advance Voting Ballot

AV6

Note: Written form not required.

County of _____

I am a resident and a qualified elector residing at the address listed below.

I declare that my ballot was: (check one) destroyed spoiled lost not received

and that I have not voted and will not otherwise vote more than one ballot at the election to

be held on _____ .
Date

Name _____

Residence _____

City/State/Zip _____

Ward/Pct/Twp _____

***Mail Ballot to:**

(Complete if mailing address is different.)

Name _____

Residence _____

City/State/Zip _____

Signature of Voter **X** _____

For office use:

Date App. Rec'd. _____

Ballot Mailed _____

Voted in Office _____

Transmitted by _____

***NOTE: The ballot may be mailed only to the voter's residential or mailing address as indicated on the county voter registration list, to the voter's temporary residential address, or to a medical care facility where the voter resides. These restrictions do not apply to sick, disabled or illiterate voters.**