



# Application for a Replacement Ballot

All fields with an asterisk (\*) are required.

* Full Name:		* Date of Birth: <i>(mm/dd/yyyy)</i>	
* Residence Address:			
* City:		* Zip Code:	
Mailing Address: <i>(If different from residence)</i>			
City:	State:	Zip Code:	
Email: <i>(Optional)</i>		Phone: <i>(Optional)</i>	

## County Voter Information Guide

You can Opt-out of having your Voter Information Guide mailed to you and access it online at [www.sjcrov.org](http://www.sjcrov.org)

I would like to opt-out of having my Voter Information Guide mailed to me each election and access it online.  
*Please provide your email address above so that we can notify you when Voter Information Guides are available online.*

I previously opted-out of having my Voter Information Guide mailed to me each election;  
I would like to start having it mailed to me again.

I have not applied for a vote-by-mail ballot for this election by any other means. I certify under penalty of perjury under the laws of the State of California that the name and residence on this application are true and correct.

* Signature:	* Date:
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### Return In Person

San Joaquin Registrar of Voters  
44 N. San Joaquin St., Suite 350  
Stockton, CA 95202

### Return through Mail

P.O. Box 810  
Stockton, CA 95201

### Return by Email or Fax

Email: [vbm@sjgov.org](mailto:vbm@sjgov.org)  
Fax: (209) 468-9534

The format used on this application MUST be used by ALL individuals, organizations, and groups that distribute Ballot Applications. Failure to conform to this format may result in criminal prosecution.

### THIS FORM WAS PROVIDED BY:

44 N. San Joaquin Street, Suite 350 / Stockton, California 95202 / T (209) 468-2885 / F (209) 468-2889

[vbm@sjgov.org](mailto:vbm@sjgov.org) / [www.sjcrov.org](http://www.sjcrov.org)