Emergency Replacement Ballot Application In-Person

For office use only
Voter ID Number: _____

You may use this form to request issuance of a replacement mail ballot by email, fax, or in-person at the County Clerk and Recorder's office. Please complete all fields marked with an asterisk (*). Follow the instructions for other fields. Scan your signed form and e-mail it to your county clerk and recorder or fax your signed form to your county clerk and recorder. Your county clerk and recorder must receive your application by 5:00 p.m. on Election Day. Your voted ballot must be received by 7:00 p.m. on Election Day. Postmarks do not count.

Eligibility to obtain an Emergency Replacement Ballot*

☐ I am or will be confined in a hospital or place of residence on Election Day.

☐ A member of my immediate family related to the second degree is or will be confined to a hospital or place of residence on Election Day.
Note: "second degree" means by blood, adoption, marriage, or civil union partnership

☐ I am unable to vote due to an emergency condition, wildfire, flood or other catastrophic event.

Your Identifying Information

Last name* | First name* | Middle name | Suffix

Previous name if you are currently registered to vote with a different name*

Your birthdate* (MM/DD/YYYY) | Your Colorado Driver's License or Colorado ID Card number* | Last 4 digits of your Social Security Number

Phone number (include area code) | Email address

Legal Residence Address (Even if currently displaced) (No PO Boxes)*

Apt. or Unit | City or Town* | ZIP Code* | Colorado County

Mailing address (required if different from your home address) | Apt. or Unit | City or Town | State | ZIP Code

Your Replacement Ballot Delivery Method

Important notice: You will waive your right to a secret ballot if you return your ballot by fax or email.
Note: You may only select the fax or email option if you are unable to have an authorized representative pick up the ballot.

☐ Give my ballot to my authorized representative in the county clerk's office:

Name of Authorized Representative | Signature of Authorized Representative Acknowledging receipt of ballot

Authorized Representative's Address (Street, City, State, Zip)

☐ Send my ballot by fax to the following fax number (include area code):

☐ Send my ballot by email to the following email address:

Self-Affirmation and Signature

I affirm that the information I have provided above is accurate to the best of my knowledge.

Sign here

Signature or Mark* | Date*

Witness Signature | Date
(If you are unable to sign personally, you must make a mark and a witness to the mark must sign here).

[Section 1-7.5-115, C.R.S.; Election Rule 7.3]