

# 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.



\_\_\_\_\_  
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).