

# Sworn Statement for Replacement Ballot

## City of Grand Junction, CO - April 6, 2021 Municipal Election

- Complete this form to request a replacement ballot.
- Form may be completed by typing in the fields below or printing off and completing by hand.
- All fields marked with an asterisk (\*) are required.
- **Your completed form must be returned by 7:00 p.m. on Election Day (April 6, 2021)<sup>1</sup>.**

Please return this form to: Mesa County Elections

In Person: 200 S. Spruce Street, Grand Junction, CO 81501

Via Mail: PO Box 20000, Grand Junction, CO 81502

Via Email: [voter.info@mesacounty.us](mailto:voter.info@mesacounty.us)

Via Fax: (970) 255-5039

### Your name

Last name\*

First name\*

Middle name

If you are currently registered to vote with a different name, what is that name? \_\_\_\_\_

### Your identifying information

\* Your birthdate (MM/DD/YYYY)

Colorado Driver License#: \_\_\_\_\_

The last 4 digits of your Social Security Number: \_\_\_\_\_

### Your contact information

#### Your home address

Street address (No P.O. Boxes)\*

Apt. or Unit

City or Town\*

ZIP Code\*

Colorado County

#### Address where you receive your mail (required if different from your home address)

Mailing address

Apt. or Unit

City or Town

Zip Code

Colorado County

#### Your former address

If you are changing your registration to a new address, you must provide the address where you were formerly registered to vote.

Street address (No P.O. Boxes)

Apt. or Unit

City or Town

State

ZIP Code

#### Your phone number and email

Area code

Phone number

Email address

### \* Replacement Ballot Information

Select your reason for requesting a Replacement Ballot for the election:  I did not receive the original ballot

I spoiled the original ballot/ballot was lost or damaged.

Select how you would like to receive your Replacement Ballot:  I am personally receiving the ballot today

Please mail the ballot to me at the following address:

Replacement ballot address

Apt or Unit

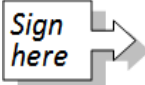
City or Town

State

ZIP Code

### Sign or mark below: **Original signature required (electronic signature not permitted)**

I swear or affirm that I am requesting the replacement ballot for the reasons stated above, that I have not voted the original ballot issued for the election indicated and I do not intend to vote at the election except by voting the replacement ballot. I acknowledge that if an original ballot was issued to me, it will be voided and cannot be cast. I understand that if both the original ballot and replacement ballots are cast, neither ballot will be counted.



Signature or Mark\*

If you are unable to sign, you must make a mark & have the mark witnessed by another person.

Date\*

Witness Signature

Date

Questions? Call the City Clerk's Office at (970) 244-1509 or email [cityclerk@gjcity.org](mailto:cityclerk@gjcity.org).

### For Office Use Only:

Election Clerk:	Date Form Received:	Voter ID #:
Original Ballot Style #:		Replacement Ballot Style #:
Original Date Issued:		Replacement Date Issued:

<sup>1</sup> = Postmarks do not count as date received.