



**Monterey County Elections
Replacement Vote by Mail (VBM) Ballot Application**

Hartnell Community College District, Trustee Area 6, Special Vacancy Election – June 4, 2024

E-29 to E-15

THIS APPLICATION MUST BE RECEIVED BY OUR OFFICE NO LATER THAN 7 DAYS BEFORE THE ELECTION

By requesting a replacement vote-by-mail ballot, I hereby certify that I did not receive a vote-by-mail ballot for this election, or if I did receive a ballot, that ballot has been lost or destroyed. Only the registered voter themselves may request a replacement ballot. A request for a replacement ballot that is made by any person other than the registered voter is a criminal offense. (EC 3014(a).)

Please complete this application in its entirety. Your signature is required.

You can return this application in one of the following ways:

- **By email:** vbm@co.monterey.ca.us
- **By fax:** (831) 755-5485
- **In person at:** 1441 Schilling Place – North Building, Salinas, CA 93901
- **By mail:** Fold the application in half to conceal your information and seal it with adhesive tape. Both sides must be printed, and postage is required.

YOU HAVE THE LEGAL RIGHT TO MAIL OR DELIVER THIS APPLICATION DIRECTLY TO THE MONTEREY COUNTY ELECTIONS OFFICE.

QUESTIONS? Call our office at (831) 796-1499 or toll-free at (866) 887-9274.

1. NAME: _____ **2. DRIVER'S LICENSE/LAST 4 OF SSN:** _____

3. DATE OF BIRTH: month / day / year **4. E-MAIL (optional):** _____

5. HOME ADDRESS IN MONTEREY COUNTY: _____ **PLEASE UPDATE MY HOME ADDRESS BELOW:**

Number & Street (DO NOT use P.O. Box, Rural Route, etc.). Designate N, S, E, W if used.

City _____ Zip Code _____

6. MAILING ADDRESS FOR BALLOT, IF DIFFERENT FROM ABOVE:

Number & Street / P.O. Box (Designate N, S, E, W if used)

City _____ State or Foreign Country _____ Zip Code _____

7. PREVIOUS HOME ADDRESS IN MONTEREY COUNTY

Number & Street

City _____ State or Foreign Country _____ Zip Code _____

8. TELEPHONE (optional): () (Daytime) () (Evening)

9. SIGNATURE: This application **cannot** be accepted without the proper signature of the applicant. I certify under penalty of perjury, under the laws of the State of California, that all the information I have provided on this application is true and correct. **WARNING: Perjury is a felony, punishable by imprisonment in state prison for up to four (4) years. (Penal Code §126)**

X _____
SIGNATURE _____ **DATE** _____

INTERNAL USE ONLY:	VID #:	RCVD Date:	Proc Date:	By:
	NOTES:			

POSTAGE
REQUIRED
*FRANQUEO
REQUERIDO*

**MONTEREY COUNTY ELECTIONS
PO BOX 4400
SALINAS, CA 93912-4400**