Monterey County Elections Replacement Vote by Mail (VBM) Ballot Application Presidential Primary Election – March 5, 2024						
					E-29 to E-15	
ballot ha	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 allot 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 ny person other than the registered voter is a criminal offense. (EC 3014(a).)					
You can	n return this application in one By email: vbm@co.monterey. By fax: (831) 755-5485 In person at: 1441 Schilling F By mail: Fold the application i AVE THE LEGAL RIGHT TO MA	.ca.us Place – North Building, Salinas, CA	، 93901 and seal it with adhesive FION DIRECTLY TO THE		st be printed, and postage is required.	
1. NAM	. NAME: 2. DRIVER'S LICENSE/LAST 4 OF SSN:					
3. DATI	E OF BIRTH: month / day /	year <b>4. E-MAIL</b> (optional)	:			
5. HOME ADDRESS IN MONTEREY COUNTY:			□ PLEASE UPDATE MY HOME ADDRESS BELOW:			
Number &	Street (DO NOT use P.O. Box, Rural Route	e, etc.). Designate N, S, E, W if used.				
City			Zip Code			
Number &	Street / P.O. Box (Designate N, S, E, W if u	used) State or Foreign Country	Zip Code			
7. PRE	VIOUS HOME ADDRESS IN MO	NTEREY COUNTY				
Number &	Street					
City		State or Foreign Country	Zip Code			
8. TELE	EPHONE (optional):	()) (Daytime)		( )	(Evening)	
<ul> <li>Yes,</li> <li>I have d party* (d</li> <li>*The ab</li> </ul>	I want to request a political par leclined to disclose a preference choose one): nove political parties are allowing	ONLY – REQUEST A POLITICA rty ballot for the Presidential Pri for a qualified political party. Howe American Independent No Party Preference voters (voter ng March 5, 2024, Presidential Prin	mary Election. ever, for this primary elec Democratic s who have declined to d	tion only, I request a □ <b>Libertarian</b> isclose a preference f		
I certify	under penalty of perjury, under t	ot be accepted without the proper he laws of the State of California, t ble by imprisonment in state prison	hat all the information I h	ave provided on this	application is true and correct.	
SIGNA	TURE		DATE			
IAL ILY:	VID #:	RCVD Date:	Proc Date:		Ву:	
INTERNAL USE ONLY:	NOTES:					

POSTAGE REQUIRED

FRANQUEO REQUERIDO

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