



Monterey County Elections

Replacement Vote by Mail (VBM) Ballot Application

Presidential Primary Election – March 5, 2024

E-14 to ED

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. POLITICAL PARTY PREFERENCE (OPTIONAL)

I would like to **CHANGE** my Political Party Preference to: _____

NO PARTY PREFERENCE VOTERS ONLY – REQUEST A POLITICAL PARTY BALLOT BELOW (OPTIONAL)

Yes, I want to request a political party ballot for the Presidential Primary Election.

I have declined to disclose a preference for a qualified political party. However, for this primary election only, I request a replacement ballot for the following party* (choose one):

- American Independent**
 Democratic
 Libertarian

*The above political parties are allowing No Party Preference voters (voters who have declined to disclose a preference for a political party) to vote their party's presidential ballot for the upcoming March 5, 2024, Presidential Primary Election. For other party ballots, re-register in person at Elections office.

10. 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 _____

_____ **DATE**

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**