

Replacement Ballot Request Form

SEL 112
rev 01/15

Instructions

You may request a replacement ballot only if you have not already submitted your voted ballot for this election. Possible reasons for requesting a replacement ballot include:

- you make a mistake (*you vote for the wrong candidate, you overvote, etc.*)
- your ballot is damaged or spoiled (*it is torn, something spilled on it, etc.*)
- you lose your ballot

or

for any other reason.

Return this request to your County Elections Office by fax or in person. Replacement ballots will be delivered by mail no later than 5 days before the day of the election. If you need a replacement ballot within the 5 days before the election, you will need to pick it up in person. If you have any questions:

call **1 866 ORE VOTE/673 8683**
se habla español

visit www.oregonvotes.gov

tty **1 800 735 2900**
for the hearing impaired

Voter Information please print

Last Name		First Name	Middle Name
Home Address, Street/Route required		Apartment or Space Number if applicable	
City	State	Zip	County of Residence
Date of Birth		Phone Number optional	
Mailing Address, Street/Route required if different from home address			
City	State	Zip	

Replacement Information please print

Please list your reasons for requesting a replacement ballot

Signature

Sign Here

Date Signed

For Office Use Only

Request for Replacement Ballot Granted Denied (list reason below)

Signature of County Elections Worker

Date Signed