



**REPLACEMENT BALLOT APPLICATION GENERAL**

**MUNICIPAL ELECTION - APRIL 7, 2020**

Present or send this completed application to the following location:

- a) Office of the Town Clerk  
200 Broadway  
Eagle CO 81631
- b) Email to [clerk@townofeagle.org](mailto:clerk@townofeagle.org)

OFFICE USE ONLY	
VOTER ID _____	
ORIG BALLOT _____ / _____	
BALLOT ISSUED _____ / _____	
DATE _____	INITIALS _____

If sent with your ballot, complete, sign and place in your return envelope outside the secrecy sleeve.

I, \_\_\_\_\_, \_\_\_\_\_ RESIDE AT  
 (Print full name as registered) (Date of Birth mm/dd/yyyy)

\_\_\_\_\_  
 (Residence Address – Apartment No. – Eagle, CO 81631)

AND REQUEST A REPLACEMENT BALLOT BE ISSUED TO ME FOR THE FOLLOWING REASON:

- I did not receive the ballot mailed to me.
- My mailing address is no longer valid (PO Box, etc.) - attach **Voter Registration** form
- My residence address has changed.

Previous Address: \_\_\_\_\_

(Attach **Certificate of Registration** from Eagle County Election Department)

- The ballot was destroyed and/or damaged.
- The ballot was lost.
- I spoiled the ballot.
- Other: \_\_\_\_\_

I affirm that I have not voted a ballot issued for this election, and I DO NOT INTEND to vote except by requesting and voting this replacement ballot.

X \_\_\_\_\_  
 Elector's Signature or Mark

\_\_\_\_\_  
 Date

To be counted, your ballot must be deposited in a designated drop-off location by 7:00 P.M. on Election Day. If mailed, the City Clerk must receive your ballot by 7:00 P.M. on Election Day. Postmarks do not count.