

# California Replacement Vote-By-Mail Ballot Application

FOR OFFICIAL USE ONLY

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.

1. **THIS IS AN APPLICATION FOR A REPLACEMENT VOTE-BY-MAIL BALLOT FOR THE** March 05, 2024 , Primary **ELECTION.**  
Month/Day/Year Type of Election (Primary, General, or Special)

2. **PRINT NAME:** \_\_\_\_\_ **3. DATE OF BIRTH:** \_\_\_\_\_  
First Middle or Initial Last Month/Day/Year

4. **RESIDENCE ADDRESS:** \_\_\_\_\_  
Number and Street (P.O. Box, Rural Route, etc. will not be accepted) (Designate N, S, E, W if used)

\_\_\_\_\_ **Solano**  
City Zip Code California County

5. **MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE):**  
If your mailing address is outside of the U.S., and you are a military or overseas voter, register at RegisterToVote.ca.gov or use the Federal Post Card Application at www.fvap.gov

\_\_\_\_\_  
Number and Street/P.O. Box (Designate N, S, E, W if used)  
\_\_\_\_\_  
City State or Foreign Country Zip Code or Postal Code

6. **TELEPHONE NUMBER (OPTIONAL):** \_\_\_\_\_  
Day Evening

7. **THIS APPLICATION MUST BE SIGNED.**  
I certify under penalty of perjury under the laws of the State of California that the information I have provided on this application is true and correct.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Warning: Perjury is a felony, punishable by imprisonment in state prison for up to four years. (Penal Code § 126)

## WHO CAN USE THIS APPLICATION

If you did not receive a vote-by-mail ballot for the identified election, or if you did receive a ballot, that ballot has been lost or destroyed, you may use this application to request a vote-by-mail ballot.

## HOW TO FILL OUT THIS APPLICATION

**ITEM 1.** This is pre-populated with the current election.

**ITEM 2.** Print your first, middle, and last names as they appear on your Voter Registration Card.

**ITEM 3.** Print your date of birth in this order – month, day, year.

**ITEM 4.** Print the complete street address of your voting residence. A post office box or rural route cannot be accepted.

**ITEM 5.** If your mailing address is different than the residence address provided in Item 4, print the complete address where you want your ballot sent.

**ITEM 6.** Print your telephone number (optional, not required) to allow the elections office to contact you if more information is needed.

**ITEM 7.** Sign and date in this order – month, day, year. No witness or notary required.

## HOW TO SUBMIT THE APPLICATION

By email: Elections@SolanoCounty.com

By mail or hand delivery to:

Solano County Registrar of Voters  
675 Texas St. Ste. 2600  
Fairfield, CA 94533