APPLICATION FOR ABSENTEE/REPLACEMENT BALLOT

TOWN OF SUPERIOR

## Absentee/Replacement ballots must be received by an Election Judge or DEO by 7:00 p.m., on Election Day, December 10, 2024, to be counted.

To the Designated Election Official of the Town of Superior:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is registered to vote at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Colorado, am requesting:

Check One:

(required)

🞎 An Absentee Ballot

**OR**

🞎 A Replacement Ballot, for the following reason (check one):

 \_\_\_\_\_ I did not receive the original mail ballot.

 \_\_\_\_\_ The ballot was destroyed or lost, or for some other reason not received by me.

 \_\_\_\_\_ I spoiled the original ballot.

The requested ballot is for (check one in each section):

 🞎 myself, whose birth year is: \_\_\_\_\_\_\_\_\_

* (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a family member related by blood, marriage, civil union, or adoption to the applicant, whose birth year is: \_\_\_\_\_\_\_\_\_\_

Check One:

(required)

Mail elector’s absentee/replacement ballot to this address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am applying for an absentee/replacement ballot for use by me or the person noted above in voting at the Town’s special election to be held on the 10th day of December, 2024.

(\*signature) (date)

\*In case of elector's inability to sign her/his name, the elector's mark shall be witnessed by another person.

PLEASE EMAIL YOUR COMPLETED APPLICATION TO: elections@crsofcolorado.com