



TOWN OF MOUNTAIN VILLAGE

455 Mountain Village Blvd. Suite A
Mountain Village, CO 81435
970-728-8000
970-728-4342 Fax
mvclerk@mtnvillage.org

**REQUEST FOR REPLACEMENT BALLOT
(ABSENTEE or MAIL BALLOT)**

OLD NUMBER: _____
NEW NUMBER: _____

DATE RECEIVED: _____

TO: Susan Johnston, Town Clerk, Designated Election Official

Date: _____

I, _____, _____, am a registered and/or
(Print Full Name) (Date of Birth)
eligible elector of the Town of Mountain Village, Colorado, and wish to apply for a replacement ballot for the regular/election,
to be held on **June 24, 2025**.

I am requesting a replacement ballot because (check one):

_____ I never received the original ballot.

_____ I spoiled the original ballot.

I would like the replacement ballot sent to the following address:

(Box Number or Street Address, City/Town, State, Zip)

NOTE: The replacement ballot will be mailed to you within 72 hours of the time that we receive this request in writing. Make certain the address you have listed is a valid address.

Telephone number we may contact you with any questions we may have: _____

Affidavit: I have not voted any other ballot issued for the election indicated and I do not intend to vote at the election except by voting the replacement ballot.

X _____ (or) BY _____
VOTER SIGN HERE

THE APPLICATION FOR A REPLACEMENT BALLOT SHALL BE PERSONALLY SIGNED BY THE APPLICANT; OR, IN CASE OF THE APPLICANT'S INABILITY TO SIGN, THE ELECTOR'S MARK SHALL BE WITNESSED BY ANOTHER PERSON. COLORADO LAW REQUIRES THAT IN ORDER FOR YOUR BALLOT TO BE COUNTED IT MUST REACH THE DESIGNATED ELECTION OFFICE BY 7 PM, TUESDAY, THE DAY OF THE ELECTION.