

**APPLICATION FOR REPLACEMENT MAIL BALLOT**

**Return this form to:** Dickinson County Clerk, P.O. Box 248, Abilene, KS. 67410

I declare under penalty of perjury that I am a resident and a qualified elector residing  
At the address listed below. I have not voter and will not otherwise vote more than  
One ballot at the election to be held on \_\_\_\_\_.

I declare that my ballot was: (circle one)

Destroyed   Spoiled   Lost   Not Received   Late Registration

Name \_\_\_\_\_

Residence \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

**SIGNATURE OF VOTER** \_\_\_\_\_