

Emergency Ballot Application Online

For office use only

Voter ID Number: _____

You may use this form to request and return an emergency replacement ballot by online delivery. Return this form and your ballot by following the instructions on the next page. The Douglas County Clerk and Recorder must receive your voted ballot and this application by 7:00 P.M. on Election Day. Postmarks do not count. **Eligibility for Emergency Ballot*** (*required field)

It is Election Day and:

- I am or will be confined in a hospital or a place of residence on Election Day;
- I require an emergency ballot because a member of my immediate family related to me to the second degree by blood, adoption, marriage or civil union partnership is or will be confined to a hospital or place of residence on Election Day;
- I am a member of a religion that forbids secular activity today; OR
- I am employed as a first responder, member of law enforcement, or health care worker and I am unable to leave my station, post, or place of employment OR I am unable to return to my home county.

It is 8 days or fewer before election day and:

- I am unable to vote in person due to an emergency condition, wildfire, flood, or other catastrophic event.

Identifying Information

Last Name*

First Name*

Middle Name

Suffix

Your birth date* (mm/dd/yyyy)

Colorado Driver License or State ID Number*

-OR-

Last 4 Digits of Your Social Security Number*

Residential Address in Colorado* (No PO Boxes)

Apt. or Unit

City or Town

Zip Code

Email Address

Phone Number

Self-Affirmation and Signature

I affirm that the information I have provided above is accurate to the best of my knowledge.

I affirm under penalty of perjury that I am United States Citizen and an eligible elector; I have been a Colorado resident for at least twenty-two days immediately before this election; I am registered to vote at my sole legal place of residence; I will be at least eighteen years of age on election day; I voted the ballot that was issued to me; and this is the only ballot I have voted in this election.

I further understand that I voluntarily waive my right to a secret ballot if I return my ballot by electronic transmission.

SIGN HERE

Signature or Mark*

Date*

Witness Signature

Date

(If you are unable to sign personally, you must make a mark and a witness to the mark must sign here).

Ballot Return Instructions

To return your materials electronically:

1. Save your ballot and this form to your computer or other electronic device.
2. Print, sign, and scan this application back into your computer.
3. Go to <https://ballotreturn.coloradosos.gov> and follow the instructions to securely upload your ballot and this form.

To return your ballot in person:

1. Print your ballot.
2. Print and sign this application.
3. Place your ballot and this signed application in a plain envelope and write your name and residential address on that envelope. Return the envelope to a voter service and polling center, ballot drop box, or the Douglas County Clerk and Recorder's office. County contact information is below.

The Douglas County Clerk and Recorder's office must receive your ballot and this application by 7 p.m. Mountain Time on Election Day. Postmarks do not count.

County Contact Information:

Douglas County Clerk and Recorder's Office - Elections Division
125 Stephanie Place
Castle Rock, CO 80109
Phone: (303) 660-7444
Fax: (303) 814-3321