



**Replacement Vote-By-Mail Ballot Application**  
**April 8, 2025**  
**First Supervisorial District, Special Primary Election**

Only the registered voter themselves may request a replacement ballot. A request for a replacement ballot that is made by any person other than the registered voter is a criminal offense. (EC§3014(a))

**1. VOTER'S NAME:** \_\_\_\_\_ **2. DATE OF BIRTH:** \_\_\_\_\_  
(PLEASE PRINT) First Middle Last Month/Day/Year

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

\_\_\_\_\_  
City State Zip Code

**4. \*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

**5. LANGUAGE PREFERENCE REQUEST (SELECT ONE ONLY—OPTIONAL):**

If you want to receive a ballot in another language, other than English, please check a box:

SPANISH       FILIPINO       VIETNAMESE       CHINESE

**6. TELEPHONE NUMBER:** \_\_\_\_\_ **7. EMAIL:** \_\_\_\_\_  
Optional Optional

**8. 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:** \_\_\_\_\_

**QUESTIONS?** (858) 565-5800  
**TOLL FREE:** (800) 696-0136

\*This is a one-time request for this election only

**Further information provided on the back**

## HOW TO FILL OUT THIS APPLICATION

**ITEM 1.** Print your first, middle, and last names as they appear on your Voter Registration Card.

**ITEM 2.** Print your date of birth in this order—month, day, year.

**ITEM 3.** Print the complete street address of your voting residence. A post office box or rural route cannot be accepted.

**ITEM 4.** Print the complete address where you want your ballot sent if it is different than the residence address provided in Item 3. This is a one-time request for this election only.

**ITEM 5.** Select only one language preference. (Optional)

**ITEM 6.** Print your telephone number. (Optional)

**ITEM 7.** Print your email address. (Optional)

**ITEM 8.** Sign application and print date in this order—month, day, year. No witness or notary required.

## HOW TO SUBMIT THE APPLICATION

For the April 8, 2025, First Supervisorial District, Special Primary Election, your Replacement Vote-By-Mail Ballot Application must be returned to our office on or before April 1, 2025 by 5:00 p.m. Pacific Time.

Please print, complete, sign, and return your Replacement Vote-By-Mail Application using one of the following options:

**Email:** [vbmreplacement@sdcounty.ca.gov](mailto:vbmreplacement@sdcounty.ca.gov)

**Mail:** Registrar of Voters  
P.O. Box 85520  
San Diego, CA 92186-5520

**Fax:** (858) 505-7294

**In-Person:** Registrar of Voters  
5600 Overland Ave, Suite 100  
San Diego, CA 92123

Office Hours:  
Monday through Friday  
8:00 a.m. to 5:00 p.m.