

**AFFIDAVIT TO OBTAIN REPLACEMENT BALLOT
FOR
NOVEMBER 14, 2017
REFERENDUM MAIL BALLOT ELECTION
JACKSON COUNTY, FLORIDA
(F.S. 101.6103)**

I, _____, do solemnly swear (or affirm)

that I am a qualified elector in this election and that the ballot mailed to me was:

____ destroyed ____ spoiled ____ lost ____ not received by me before _____.
(date)

I have not and will not vote more than one ballot in this election.

Voter Signature

Residence Address

Date

You can mail or deliver the completed affidavit to Supervisor of Elections' office.

Mailing address: Supervisor of Elections
P.O. Box 6046
Marianna, FL 32447

Office located at: 2851 Jefferson St., Marianna, FL

OFFICIAL USE ONLY:

Voter ID# _____

Date 2nd Ballot Issued _____