

Replacement Ballot Request



Personal Information – all information is required

Last Name

First

Middle

Oregon residence address

Mailing address (optional)

/ /

Date of Birth (month/day/year)

I am requesting my replacement be:

Mailed to the address on my registration

Picked up *in-person* at the Elections office

Issued to another person on my behalf. I am authorizing _____

to pick up my ballot at the Elections office

Signature

Submitting your Form – via email, fax or mail

Please send this completed form to:

Office: Clackamas County Elections
1710 Red Soils Ct, Suite 100
Oregon City, OR 97045

Email: elections@clackamas.us

Fax: 503-655-8461

For further assistance, you may contact our office at 503-655-8510.