

REQUEST FOR REPLACEMENT ABSENTEE BALLOT

I am returning my mailed absentee ballot to the clerk and requesting a replacement.

I am requesting a replacement, but unable to return my ballot because:

_____.

REASON FOR REQUEST:

BALLOT DAMAGED

BALLOT SPOILED

OTHER _____

Name of Absentee Voter: _____
First, M., Last

Pulaski County Address Only: _____
Street Address

City, State, Zip

Telephone Number: _____

Date of Birth: _____ Last Four Digits of Social Security Number: XXX-XX- _____
MM/DD/YY

Indicate below how you would like to receive the replacement ballot requested.

Mail to address above

Hold at County Clerk's Office for Pickup

Signature

Date

TERRI HOLLINGSWORTH | Pulaski Circuit/County Clerk
Voter Registration Department | P.O. Box 2659, Little Rock, AR 72203-9444
Office (501) 340-8336 Fax (501) 421-9255 www.pulaskiclerk.com