



# Monterey County Elections

## Replacement Vote by Mail (VBM) Ballot Application

### Statewide Special Election – November 4, 2025

E-14 to ED

**THIS APPLICATION MUST BE RECEIVED BY OUR OFFICE NO LATER THAN 7 DAYS BEFORE THE ELECTION**

By requesting a replacement vote-by-mail ballot, I hereby certify that I did not receive a vote-by-mail ballot for this election, or if I did receive a ballot, that ballot has been lost or destroyed. 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).)

**Please complete this application in its entirety. Your signature is required.**

**You can return this application in one of the following ways:**

- **By email:** vbm@countyofmonterey.gov
- **By fax:** (831) 755-5485
- **In person at:** 1441 Schilling Place – North Building, Salinas, CA 93901
- **By mail:** Fold the application in half to conceal your information and seal it with adhesive tape. Both sides must be printed, and postage is required.

**YOU HAVE THE LEGAL RIGHT TO MAIL OR DELIVER THIS APPLICATION DIRECTLY TO THE MONTEREY COUNTY ELECTIONS OFFICE.**

QUESTIONS? Call our office at (831) 796-1499 or toll-free at (866) 887-9274.

<b>1. NAME:</b>	<b>2. DRIVER'S LICENSE/LAST 4 OF SSN:</b>
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<b>3. DATE OF BIRTH:</b> month / day / year	<b>4. E-MAIL (optional):</b>
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<b>5. HOME ADDRESS IN MONTEREY COUNTY:</b>	<input type="checkbox"/> <b>PLEASE UPDATE MY HOME ADDRESS BELOW:</b>
Number & Street (DO NOT use P.O. Box, Rural Route, etc.). Designate N, S, E, W if used.	

City	Zip Code
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<b>6. MAILING ADDRESS FOR BALLOT, IF DIFFERENT FROM ABOVE:</b>
Number & Street / P.O. Box (Designate N, S, E, W if used)

City	State or Foreign Country	Zip Code
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<b>7. PREVIOUS HOME ADDRESS IN MONTEREY COUNTY</b>
Number & Street

City	State or Foreign Country	Zip Code
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<b>8. TELEPHONE (optional):</b>	(     ) (Daytime)	(     ) (Evening)
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**9. SIGNATURE:** This application cannot be accepted without the proper signature of the applicant.  
 I certify under penalty of perjury, under the laws of the State of California, that all the information I have provided on this application is true and correct.  
**WARNING:** Perjury is a felony, punishable by imprisonment in state prison for up to four (4) years. (Penal Code §126)

X SIGNATURE	DATE
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<b>INTERNAL USE ONLY:</b>	<b>VID #:</b>	<b>RCVD Date:</b>	<b>Proc Date:</b>	<b>By:</b>
<b>NOTES:</b>				

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POSTAGE  
REQUIRED  
*FRANQUEO  
REQUERIDO*

**MONTEREY COUNTY ELECTIONS  
PO BOX 4400  
SALINAS, CA 93912-4400**