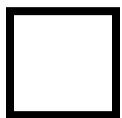


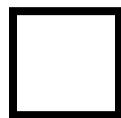
Oconee County Affidavit of Cancelled/Lost/Spoiled Absentee Ballot

In accordance with O.C.G.A. 21-2-384(a)(5) and 21-2-388:

I, _____ residing at _____ with a date of birth of _____ do certify that I:



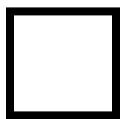
DID NOT RECEIVE



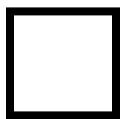
DID RECEIVE

An absentee ballot for the _____ and I request that it be cancelled.
(Election Date)

Reason (choose one):

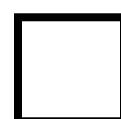


LOST BALLOT



SPOILED BALLOT

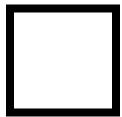
(Damaged, Torn,
Errors, Incorrect Ballot)



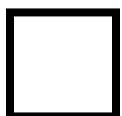
CHANGE IN
CIRCUMSTANCE

I declare under penalty of felony by the laws of the State of Georgia that the foregoing is true and correct.

I will vote by one of the following methods:



I will vote in person at my polling place or during Advance Voting



I am requesting a replacement ballot

Signature of Voter

Date

Phone Number

OFFICE USE ONLY

Replacement Ballot # _____

Mail Out Date _____

Voter Reg# _____

Precinct # _____ Employee Initials _____