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 _____