

Wyandotte County Election Office

Bruce L. Newby, Election Commissioner Frances D. Sheppard, Asst. Election Commissioner

E-mail: election@wycokck.org

Web: www.wycokck.org/election

APPLICATION FOR REPLACEMENT MAIL BALLOT

Return this form to: Wyandotte County Election Office, 850 State Avenue, Kansas City, KS 66101

I declare under penalty of perjury that I am a resident and qualified elector residing at the address listed below. I have not voted and will not otherwise vote more than one ballot at the special mail ballot election for **the City of Bonner Springs** dated **April 12, 2016.**

I further declare that my ballot was (circle one):

Destroyed	Spoiled	Lost	Not Received	Late Registration
NAME RESIDENCE P.O.BOX/ZIP CITY/STATE/ZIP DAYTIME PHONE DATE OF BIRTH Request to have replaceme Please send my ball	ent ballot maile	ed to a diffe		
Signature of Voter X				apply to a voter who has an illness, disability, or who lacks proficiency in the English language. Date
For Office Use Only Date Application Received			Date Ballot Mailed	
Ву			Ву	

Phone: 913-573-8500

Fax: 913-573-8580