



Replacement Early Voting Ballot Statement - Knox County



If you need to request a replacement early voting ballot, please fill out the following statement.

Applications must be physically signed. You can take a picture or scan your request and email it to your county election official. You can also mail or fax your application to your county election office.

You must submit your application to have a replacement ballot mailed to you by 6 p.m. on the second Friday before the election. If you have any questions, please contact your county election official. You can find contact information for your county election official at: sos.nebraska.gov/elections/election-officials-contact-information

Check the status of your early voting ballot at: ne.gov/go/votercheck

Voter Information	1	Last Name _____ First Name _____ Middle (name or initial) _____ Suffix (Jr, III, if any) _____ Date of Birth (mm/dd/yyyy) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			/			/				
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Reason for Replacement Ballot	2	<input type="checkbox"/> Not Received <input type="checkbox"/> Lost <input type="checkbox"/> Spoiled <input type="checkbox"/> Destroyed										
I request a replacement early voting ballot for the following election	4	<input type="checkbox"/> 2024 Statewide Primary Election <input type="checkbox"/> Special Election on _____										
I request that my replacement ballot be:	3	<input type="checkbox"/> Voted now in the election office OR <input type="checkbox"/> Mailed to me at: Street or PO Box _____ Apartment or Lot (if any) _____ City, State, ZIP _____										

I hereby declare, under penalty of election falsification, that the above information is true.

Signature of Voter X _____	Date _____
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WARNING: The penalty for election falsification is imprisonment for up to two years imprisonment and twelve months post-release supervision, a fine of up to ten thousand dollars, or both.

Return Completed Application to: _____ Knox _____ County Election Office
 _____ Joann M. Fischer, County Clerk
 _____ PO Box 166, Center, NE 68724-0166
 Phone 402-288-5604 or Email: clerk@knoxcountyne.gov

Election Office Use Only

Date Received: _____ To Replace Early Voting Application Number (if applicable): _____

Disposition: Mailed on: _____ Voted in Office on: _____ Arrived Too Late