

# REQUEST FOR REPLACEMENT ABSENTEE BALLOT

I am returning my mailed absentee ballot to the clerk and requesting a replacement.

I am requesting a replacement, but unable to return my ballot because:

\_\_\_\_\_.

## REASON FOR REQUEST:

BALLOT DAMAGED

BALLOT SPOILED

OTHER \_\_\_\_\_

Name of Absentee Voter: \_\_\_\_\_  
First, M., Last

Pulaski County Address Only: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Four Digits of Social Security Number: XXX-XX- \_\_\_\_\_  
MM/DD/YY

Indicate below how you would like to receive the replacement ballot requested.

Mail to address above

Hold at County Clerk's Office for Pickup

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TERRI HOLLINGSWORTH | Pulaski Circuit/County Clerk  
Voter Registration Department | P.O. Box 2659, Little Rock, AR 72203-9444  
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