

**CITY AND BOROUGH OF SITKA**



**ABSENTEE/ADVANCED BALLOT REQUEST  
- Mail or FAX -**

**for October 2, 2018 Municipal Election**

**Applicant's Printed Name:** \_\_\_\_\_

In case we have questions about ballot delivery, etc., please provide contact information:

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Please provide **ONLY ONE** of the following for identification purposes:

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Voter ID Number: \_\_\_\_\_

Social Security No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

My **Sitka** physical residence address (NOT P.O. Box): \_\_\_\_\_

\_\_\_\_\_ Precinct 1 (35-765)

\_\_\_\_\_ Precinct 2 (35-770)

**OATH**

I affirm that I am a qualified voter of the City and Borough of Sitka, Alaska and that I am not seeking to vote in any other manner in this election.

If I am choosing to vote my ballot by FAX, I understand that I give up my right to privacy of that vote.

VOTER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Mail my ballot to this address: \_\_\_\_\_

**-OR-**

FAX my ballot to this number: \_\_\_\_\_

**If absentee ballot is to be mailed to you, this application request must be completed and returned so that it is received in the Municipal Clerk's office no later than seven days prior to (September 25, 2018) election day.**

**Please mail, fax or hand- deliver this completed form to:  
Municipal Clerk's Office  
City and Borough of Sitka  
100 Lincoln St. Suite 306 (Third Floor) Sitka, AK 99835  
(907) 747-1811 FAX: (907) 747-7403**