

CITY AND BOROUGH OF SITKA



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

for October 1, 2019 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 24, 2019) 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**