City of

NAME REGISTRATION #, SOCIAL SEC #,

OR BIRTH DATE

PHYSICAL ADDRESS

hereby requests an absentee ballot to vote in the election of

DATE

Please mail my ballot to:

STREET OR P.O. # CITY, STATE, ZIP

I am a qualified, registered voter of the State of Alaska, I am NOT requesting a ballot from any other State and am not voting in any other manner in this election, except by

absentee ballot and have not claimed to be a resident of any other State for any purpose in the past 30 days.

(Husband and wife may use one application but Alaska law requires that each must sign).

NAME NAME

Mail to the City Clerk, , AK, 99

###### OFFICIAL USE-ONLY

Date Received/Requested Date Received/Requested

Date Mailed Date Mailed