

CITY OF ADAK ABSENTEE BALLOT APPLICATION

1. SEND BALLOT(S) for:

Regular Election

Special Election

2. Yes No I am a citizen of the United States

Yes No I am at least 18 years old or will be within 90 days of completing this application

3. LAST NAME FIRST NAME MIDDLE INITIAL SUFFIX (Sr., Jr., Etc.)

Permanent Mailing Address

Identifiers – You must provide at least ONE

4. _____ SSN or Last 4 of SSN _____/_____/_____

_____ Ak. Driver's License No: _____

_____ Ak. State Identification No: _____

_____ Voter Number: _____

Ballot Mailing Address

5. _____

YOU MUST BE A REGISTERED
VOTER IN THE STATE OF ALASKA
AND A RESIDENT OF THE CITY OF
ADAK FOR 30 DAYS IMMEDIATELY
PRECEDING THE ELECTION TITLE 3
(3.01.10) Voter Qualifications

6. VOTER CERTIFICATE. Read and Sign: I swear or affirm, under penalty of perjury, that: The information on this form is true, accurate, and complete to the best of my knowledge and I am eligible to vote in the requested jurisdiction, I am not requesting a ballot from any other state, and I am not voting in any other manner in this (these) election(s). I further certify that I am an Alaska resident and that I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole. I am not registered to vote in another state or I have taken the necessary steps to cancel that registration. **WARNING: If you provide false information on this application you can be convicted of a felony and/or misdemeanor. (AS 15.56.040; AS 15.56.050)**

Signature: _____ Date: _____

Registrar/Agency/Official – Check ID Registrar Name _____ Voter# _____