



ABSENTEE/ADVANCED BALLOT REQUEST

- Mail, Email or FAX -

CITY OF THORNE BAY

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: _____ / _____ / _____ Voter ID Number: _____
Month Day Year

Social Security No: _____ / _____ / _____

My **Thorne Bay** physical residence address (NOT P.O. Box): _____

Block _____, Lot _____, Plat No. _____, Subdivision _____

SEND MY BALLOT TO ME BY THROUGH THE FOLLOWING METHOD:

Mail my ballot to this address: _____

FAX my ballot to this number: _____

EMAIL to this address: _____

OATH

I affirm that I am a qualified voter of the City of Thorne Bay, 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: _____