CITY AND BOROUGH OF SITKA

ABSENTEE/ADVANCED BALLOT REQUEST
- Mail or FAX –

for October 6, 2020 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 29, 2020) 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
PHONE: (907) 747-1811 or (907) 747-1826     FAX: (907) 747-7403