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: _____ / _____ / _____

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 September 29, 2020.

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