



CITY AND BOROUGH OF SITKA

**ABSENTEE BALLOT REQUEST
- Mail or FAX -**

for October 5, 2010 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:

Social Security Number	Voter ID Number	Date of Birth
-OR-		-OR-

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

Precinct # _____

OATH

I swear 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 election day (September 28, 2010).

**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
(907) 747-1811 FAX: (907) 747-7403**