



CITY AND BOROUGH OF SITKA

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

for October 5, 2021 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): _____

Registered in voting precinct number: _____ Precinct 1 (35-765) **OR** _____ 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 28, 2021.

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