

**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 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**