

CITY OF BETHEL

Application for Absentee By-Mail Ballot

INSTRUCTIONS FOR ABSENTEE VOTING APPLICATION BY MAIL CITY OF BETHEL ELECTION

COMPLETE YOUR APPLICATION CAREFULLY and **return it as soon as possible** to allow enough time for processing. An incomplete application or a mail delay could prevent you from getting your ballot(s) in time.

A request for an absentee ballot must be received by the City Clerk's Office not later than five (5) days prior to the election for which you request a ballot.

You may submit your absentee voting application to the City Clerk's Office.

City of Bethel
City Clerk's Office
P.O. Box 1388
Bethel, AK 99559

Fax: 907-543-3817
Attn: City Clerk's Office

If you have any questions regarding the above instructions, please contact the City Clerk's Office at 907-543-1384 or lstrickler@cityofbethel.net.

Section 1. I hereby request an Absentee By-Mail Ballot for the following election (s):

- Regular City Election, October 4, 2016
- All **City** election in calendar year 2016

Section 2. Print clearly. Failure to complete all items will prevent acceptance of this application.

1	LAST NAME	FIRST NAME	MIDDLE INITIAL(S)
2	RESIDENCE ADDRESS IN ALASKA (P.O. Box is not acceptable)	CITY/STATE	ZIP CODE
3	PERMANENT MAILING ADDRESS (Street Address or P.O. Box)	CITY/STATE	ZIP CODE
4	TELEPHONE HOME: _____ CELL: _____	EMAIL ADDRESS	
5	VOTER NO. _____	OR	DATE OF BIRTH _____
		OR	LAST FOUR (4) OF SOCIAL SECURITY NUMBER _____

Section 3. Please mail my ballot to: Mailing Address on Line 3 Above.

6	BALLOT MAILING ADDRESS (Street Address or P.O. Box)		
	CITY	STATE	ZIP

Section 4. Voters Certificate: I swear or affirm, under penalty of perjury, that the information on this form is true, accurate and complete to the best of my knowledge. I further certify that I am a resident of Alaska and the City of Bethel. I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation, and/or parole. I am not registered to vote in another state, or I have taken the necessary steps to cancel that registration. I am a registered voter in the state of Alaska. I have not and will not vote in any other manner in this election. I request a ballot to be mailed to me for the election(s) indicated above.

7	SIGNATURE OR MARK OF APPLICANT	DATE
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OFFICE USE ONLY Voter No. _____	Date Received _____	<input type="checkbox"/> Precinct #1 LKSD District Office <input type="checkbox"/> Precinct #2 Cultural Center
Voter entered into EAQ List _____	Date Ballot Mailed _____	EAQ List updated with Mailed date information
Date: _____ Initials: _____		Date: _____ Initials: _____