

CITY OF SAND POINT  
P.O. Box 249  
Sand Point, AK 99661  
(907) 383-2696

**ABSENTEE BY MAIL BALLOT REQUEST**

*THIS REQUEST IS FOR THE FOLLOWING ELECTION:*

GENERAL ELECTION

SPECIAL ELECTION

**\*\*\*ONLY ONE PERSON PER REQUEST\*\*\***

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

ALASKA RESIDENCE ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS WHERE YOU WANT TO RECEIVE YOUR BALLOT:

\_\_\_\_\_  
\_\_\_\_\_

*VOTER IDENTIFICATION:* (You must provide at least one of the Following)

VOTER NO. \_\_\_\_\_

SOCIAL SECURITY NO \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

**VOTER'S OATH: I am a qualified registered voter of the State of Alaska and the City of Sand Point. I am NOT requesting a ballot from any other State or City and am not voting in any other manner in this election, except by absentee ballot and have not claimed to be a resident of any other state for any purpose in the past 30 days.**

X \_\_\_\_\_

SIGNATURE

DATE

*FOR OFFICE USE ONLY*

DATE SENT: \_\_\_\_\_ DATE RETURNED BY P.O.: \_\_\_\_\_

OTHER ACTION: \_\_\_\_\_