

## CITY OF KETCHIKAN APPLICATION FOR ABSENTEE BY-MAIL BALLOT

	<b>Return complet</b> Ketchikan Clerk's Office, 334 5-5075 or by email to kimsta	4 Front Street, K		
□ Y	es- send me an Absentee B	allot Application	on next year.	-
	Ballot Type – Cl	heck all that a	pply	
	Regular City Election	Special	City Election	
Voter Information –	You MUST provide yo	ur residence	address in the City of Ketchikan.	
First/Last Name:			Middle Initial:	
Ketchikan Residence Addro	ess:			
Contact Phone No:		Email:		
Voter I	dentification – You MU	ST provide a	t least one identifier.	
Voter ID:	Last four of SS#:		Date of Birth:	
A	Address to which absent	ee ballot shou	uld be mailed:	
Address:			_ Country:	_
			Zip Code:	
Citizen. I am at least 18 yea preceding the election in w within the municipality at le of a felony, or having been	ars old. I have been a reside which I seek to vote. I am re east thirty days before the e so convicted, have been u	nt of the munic egistered to vor lection in whic nconditionally	enalty of perjury, that: I am a United States cipality for at least thirty days immediately te in state elections at a residence address th I seek to vote. I have not been convicted discharged from incarceration, probation,	/ 5 1

and/or parole. I have not and will not vote in any other manner in this election. I acknowledge that by providing false information on this form, I may be convicted of a misdemeanor. I understand that by using fax transmission to return my marked ballot, I am voluntarily waiving a portion of my right to a secret ballot to the extent necessary to process my ballot but expect that my vote will be held as confidential as possible.

Signature:	Date:
<b>Office Use Only</b> Date Received:	
Received by:	
Precinct No	
Date ballot mailed:	

.....Winword\Election\Absentee\Absentee ByMail-App

## Regular Ketchikan Municipal Election ABSENTEE BY-MAIL APPLICATION



The regular municipal election shall be held the first Tuesday in October for the election of Councilmembers and Mayor, if applicable. Special elections are called by the Council or if there is a successful initiative or referendum process by the qualified voters of the City.

## **Absentee Voting By-Mail**

Your application must be received at least seven (7) days prior to the election. Please apply early to ensure you receive your ballot on time.

## **INSTRUCTIONS**

- Fill in all required information on the application.
- You must include at least one voter identification.
- Sign your application:
  - Another individual may apply for an absentee ballot on behalf of a qualified voter if that individual is designated to act on behalf of the voter in a written general power of attorney or a written special power of attorney that authorizes the other individual to apply for an absentee ballot on behalf of the voter. A copy of the power of attorney must accompany the absentee ballot application.
- Once you have filled out application, please return to:
  - By Mail: City Clerk's Office, City of Ketchikan 334 Front Street Ketchikan, AK 99901
  - By Fax: 907-225-5075
  - By Email: <u>kimsstanker@ketchikan.gov</u> or taylorlee@ketchikan.gov

If you have any questions regarding the municipal elections, please reach out to the City Clerk's Office at 907-228-5658.

Questions regarding the August Primaries or the November elections please go to <u>elections.alaska.gov</u> for more information.