



CITY OF DILLINGHAM ABSENTEE BALLOT APPLICATION

To receive a ballot, this application must be **RECEIVED** at least ten days before the election or September 21, 2024. This application is for residents of the City of Dillingham.

I am requesting a ballot for: Regular City Election – October 1, 2024

NOTE THE INFORMATION BELOW IS REQUIRED FOR PROCESSING YOUR REQUEST. PLEASE PRINT CLEARLY. ILLEGIBLE HAND WRITING MAY PREVENT YOU FROM RECEIVING YOUR BALLOT ON TIME.

Printed Name: _____
Last First MI

Physical Residence Address: _____
House Number and Street Name or other physical identifier, City, State, & Zip

Permanent Mailing Address: _____

Check here to mail your ballot to your permanent mailing address

Check here to mail your ballot to a different mailing address and fill in the information below:

Ballot Mailing Address: _____
Postal Box or House Number and Street Name, City, State, & Zip

*Note: Ballots returned as undeliverable, will NOT be forwarded.

Phone Number where you can be reached: _____

In order for your application to be processed, **one** of the following must be provided:

Alaska Voter No. _____ Date of Birth: _____

Social Security No. ____/____/____ or Last 4 digits of SSN: _____

Read and Sign: I swear or affirm, under penalty of perjury, that: I am a qualified voter of the State of Alaska, have been a resident of the City of Dillingham for at least 30 days prior to the election, and have registered to vote in State elections in the precinct my residence address indicates at least 30 days prior to the election.

Signature of Voter

Date

Official Use Only:
Input Date/Initials: _____ Date ballot mailed: _____

