



CITY OF KETCHIKAN
APPLICATION FOR ABSENTEE ELECTRONIC BALLOT

RETURN TO

City Clerk's Office

City of Ketchikan, 334 Front Street, Ketchikan, Alaska 99901

PH: 907-228-5658 FX: 907-225-5075

clerk@city.ketchikan.ak.us

ELECTION YEAR 2016

(Check all that apply)

- ☐ Regular Election of October 4, 2016
- ☐ Special Election of _____
- ☐ Any Election for the Calendar Year 2016

First/Last Name: _____ Middle Initial: _____

Ketchikan Residence Address: _____

City: _____ State: _____

Contact Phone Number: _____

Contact Email: _____

Registered Precinct No.: _____

Please indicate electronic delivery preference (choose one):

☐ Email Address: _____

☐ Fax No.: _____

Voter Identification:

(Must complete at least one)

VOTER ID # _____

LAST FOUR SOC. SECURITY # _____

DATE OF BIRTH _____

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 and I am eligible to vote in the requested jurisdiction. I am not requesting a ballot from any other state, and I am not voting in any other manner in this election.

I further certify that 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.

Signature: _____ Date: _____

For Office Use Only		
Rec'd by:	Date:	Date Ballot faxed/emailed: