

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

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**RETURN TO**

**City Clerk's Office**  
**City of Ketchikan, 334 Front Street, Ketchikan, Alaska 99901**  
**PH: 907-228-5658 FX: 907-225-5075**

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**ELECTION YEAR 2015**

**(Check all that apply)**

- Regular Election of October 6, 2015
- Special Election of \_\_\_\_\_
- Any Special Election for the Calendar Year 2015

First/Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Ketchikan Residence Address: \_\_\_\_\_

Address to which absentee ballot should be mailed:

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

Contact Phone Number: \_\_\_\_\_

Registered Precinct No: \_\_\_\_\_

**Voter Identification:**

(Must complete at least one)

VOTER ID # \_\_\_\_\_  
SOC. SECURITY # \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<p><b><u>FOR OFFICE USE ONLY</u></b></p> <p>Received by: _____</p> <p>Date: _____</p> <p>Ballot mailed: _____</p>
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