

CITY OF WHITTIER

ABSENTEE BY-MAIL BALLOT APPLICATION

Application deadline: September 26, 2023 *(City of Whittier Registered Voters Only)*

Please return by mail, email, hand delivery or fax to:

City of Whittier • Office of the City Clerk • PO Box 608 • Whittier, AK 99693

Fax: 907.472.2404 • Email: cityclerk@whittieralaska.gov

Questions? Contact the Office of the City Clerk at Phone: 907.472.2327 • Email: cityclerk@whittieralaska.gov

Section 1. I hereby request an Absentee By-Mail Ballot for the following election:

Regular City Election only, October 3, 2023

Other: _____

Section 2. Print clearly in black ink. Failure to complete all items will prevent acceptance of this application.

| | | | | | |
|----------|--|-----------|---------------|------------|---|
| 1 | LAST NAME | | FIRST NAME | | MIDDLE INITIAL(S) |
| 2 | RESIDENCE ADDRESS IN ALASKA (P.O. Box is not acceptable) | | | APT. NO. | CITY/STATE |
| 3 | PERMANENT MAILING ADDRESS (Street Address or P.O. Box) | | | CITY/STATE | ZIP CODE |
| 4 | TELEPHONE Home: _____ Cell: _____ | | EMAIL ADDRESS | | |
| 5 | VOTER NO. | OR | DATE OF BIRTH | OR | LAST FOUR (4) OF SOCIAL SECURITY NUMBER ____ _ |

Section 3. Please mail my ballot to: Mailing Address on Line 3 Above

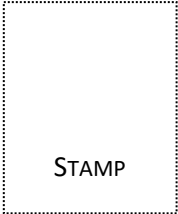
| | | | | |
|----------|---|------|-------|---------------------------------------|
| 6 | BALLOT MAILING ADDRESS (Street Address or P.O. Box) | CITY | STATE | ZIP CODE |
| | | | | CONTACT PHONE NUMBER AT THIS LOCATION |

Section 4. Voter's Certificate: 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. I further certify that I am a resident of Alaska and the City of Whittier. 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. I am a registered voter in the State of Alaska. I have not and will not vote in any other manner in this election. I request a ballot to be mailed to me for the election(s) indicated above.

| | | |
|----------|--|------|
| 7 | SIGNATURE OF MARK OF APPLICANT (Only signature or mark of applicant is acceptable) | DATE |
|----------|--|------|

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|--|-----------------------|--------------------|----------------------|
| Office Use Only – WMC 2.06.240 (Updated: 7.19.2023) Precinct Registered | Entered on Voter List | Date Ballot Mailed | Date Ballot Returned |
|--|-----------------------|--------------------|----------------------|

RETURN ADDRESS:



**CITY OF WHITTIER
OFFICE OF THE CITY CLERK
PO Box 608
WHITTIER AK 99693**
