CITY OF KODIAK ABSENTEE BY MAIL BALLOT APPLICATION

Refer to instructions on reverse side for specific information and identification requirements. This application **MUST** be received **AT LEAST 7 DAYS** prior to the election. **APPLY EARLY**.

1.	◆ Are you a citizen of the United States?							□No	
	• Are you at least 18 years old?						□ Yes	\square No	
	• Are you a resident of Alaska?							□ No	
	• Is your permanent Kodiak residence address inside the Kodiak City limits?						□ Yes	□ No	
	• Are you registered to vote in State elections at a residence address within the City of							□ No	
	Kodiak	at least 30 days before the	ne election at v	which you seek	to vote?				
	If you checked NO to any of these questions, you are not eligible. DO NOT COMPLETE THIS FORM.								
2.	Last Name		First Name		Middle Initial Suff		ix (Circle One)		
							Jr., Sr., II, III or		
3.	You MUST	provide the Kodiak resid	ence address w	here you claim r	esidency – do not us	se PO, P	SC, HC,	or RR.	
	House # Street Name			Apt #	City		State		
					KODIAK		ALASKA		
4.	Permanent Mailing Address		City		State		Zip Code		
5.	Ballot Mailing Address		City		State		Zip Code		
6. Y	ou MUST p	rovide at least ONE	10. Voters	10. Voters Certificate. Read and sign below:					
♦ S	ocial Securit	ty No//		I swear or affirm, under penalty of perjury, that: The information on this form is true, accurate, and					
♦ La	ast 4 Digits	of SSN							
♦ Alaska Driver's License No.				complete to	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				
Alaska State ID Card No									
♦ A	laska Voter	No.	other manner in this election.						
r 1	I have not	been issued a Social Secu		I further certify that I have not been convicted of a					
		cense or State ID number	felony, or having been so convicted, have been unconditionally discharged from incarceration, probation						
7.	You MUST provide Date of Birth			and/or parole. I am not registered to vote in another state or I have taken the necessary steps to cancel that registration.					
	Mor	nth Day Year							
8.	Gender:	[] Male [] Female							
9.	Evening Ph	hone No. () ——————————————————————————————————	Voter S	ignature		Da	te		

<u>WARNING</u>: If you provide false information on this application you can be convicted of a felony and/or misdemeanor. (AS 15.56.040; AS 15.56.050)

City of Kodiak City Clerk's Office Absentee By-Mail Application

1. When Completing This Application You MUST Provide:

♦ Kodiak, Alaska Residence Address Where You Live — A complete physical residence address must be included on your application. Your application will not be processed if you leave the residence address blank or if you provide a PO Box, HC No. and Box, PSC Box, Rural Route No., Commercial Address or Mail Stop Address on line 3 of the application.

If your residence has been assigned a street number, provide that number. If not, indicate exactly where you live such as, highway name and milepost number, boat harbor with pier and slip number, subdivision name with lot and block or trailer park name and space number, etc.

- ♦ **Proof of Identity** Your identity must be verified. If you have been issued a Social Security Number, an Alaska Driver's License or an Alaska State ID card, you MUST provide at least one number on Line 6 of the application. If you have never been issued one of the identification numbers, you may indicate so by checking the box in Line 6.
- Date of Birth
- **2.** Are you submitting this application by mail or by fax? If so, and if you did not provide proof of identification at the time of registration, your identity must be verified. If you have not been issued one of the identification numbers listed in Line 6 of the application, your identity may be verified by submitting a copy of one of the following documents:
 - Current and valid photo identification
 - Driver's license
 - State identification card
 - Passport
 - Birth certificate
 - Hunting and Fishing license
- **3. Have you been convicted of a felony?** If so, you may register to vote only if you have been unconditionally discharged. Provide a copy of your discharge papers with this application if available.
- 4. Upon completion, mail your application to:

City of Kodiak City Clerk's Office 710 Mill Bay Road, Room 110 Kodiak, AK 99615