



CITY OF ADAK, ALASKA

P.O. Box 2011, Adak, Alaska 99546-2011
Phone: (907) 592-4500; Fax: (907) 592-4262
www.adak-ak.gov

ABSENTEE BALLOT APPLICATION

This form must be completed in full and received no later than September 26, 2023, 5:00 PM Hawaiian-Aleutian Daylight Time. Applications may also be returned by fax (907) 592-4262 or (907) 802-4420, or by email in PDF format to clerk@adak-ak.gov. Physical submission to the office must be received by 12:00 PM October 2, 2023.

NOTICE: YOU MUST BE A REGISTERED VOTER IN THE STATE OF ALASKA FOR THE ADAK DISTRICT 30 DAYS PRIOR TO THE ELECTION (AS 29.26.050) AND A RESIDENT OF THE CITY OF ADAK FOR 30 DAYS IMMEDIATELY PRECEDING THE ELECTION (ACO §3.01.10).

VOTER IDENTIFICATION:

Full Name: _____

Permanent Physical Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ E-mail: _____

Provide at least one of the following:

Alaska Voter Number: _____ Last 4 of SSN: xxx-xx-_____

Alaska Driver's License/Identification #: _____

BALLOT REQUEST:

Please select which ballot(s) you are requesting. Check all that apply.

☐ Regular Election – City of Adak

☐ Regular Election – Adak Community Development Corporation

Ballot Mailing Address (we cannot mail ballots to an Adak address [ACO § 3.08.15]):

City: _____ State: _____ Zip: _____

VOTER CERTIFICATION:

____ I am a citizen of the United States.

____ I am at least 18 years of age or will be within 90 days of completing this application.

Certificate: Read and Sign: I swear or affirm, under penalty of perjury, that: the above information on this document is true and correct. Furthermore I swear or affirm that I am eligible to vote in the requested jurisdiction, I am not requesting a ballot from any other state or jurisdiction, and I am not voting in any other manner in this (these) election(s). I further certify that I am an Adak, Alaska resident and 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. **WARNING: If you provide false information on this form, you may be convicted of a felony under AS 15.56.040 and/or misdemeanor under AS 15.56.050.**

SIGNATURE: _____ DATE: _____

Registrar Use

Registrar Name: _____
Voter Number: _____

Voter Record Match: Y N A/D
Approved: Y N