

Mail or Deliver Applications to:
City of Anderson
260 West First St
PO Box 3100
Anderson, AK 99744

City of Anderson
ABSENTEE BALLOT APPLICATION

TYPE OF ELECTION: _____

**NAME OF VOTER
AS REGISTERED**

First M Last

Residence Address

Street City Zip

Mailing Address

Box City Zip

**MAIL BALLOT
TO ADDRESS:**

Name: _____

C/O _____

Street or PO Box _____

City, State, Zip _____

PLEASE PROVIDE ONE IDENTIFIER FOR PROPER IDENTIFICATION:

Voter Number S.S. Number Birth Place Birth Date

Voter's Signature

Last date application may be RECEIVED by Clerk's Office for mailing ballots is

_____.

TO BE COMPLETED BY CLERK'S OFFICE

Voter # _____ Verified by: _____

Registered in Precinct No. _____

Residing in Preceinct No. _____

Rcvd Ballots in Precinct _____

Date Ballots Mailed/Delivered _____ Ballots Issued _____