***PLEASE fill out EACH BLANK completely and return by the Deadline.***

**ABSENTEE BALLOT REQUEST**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that I am or will be an Eligible

(Print Name)

Voter of the Absentee Shawnee Tribe on or before March 21, 2020. I cannot physically

be present to cast my Vote at the **March 21, 2020 Primary Election**, therefore, I am requesting an Absentee Ballot be mailed to me at the following address.

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(first) (middle) (maiden) (last)

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_St: \_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_

**CDIB#**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

All **REQUESTS** must be returned to the Election Commission by the deadline date of

**March 1, 2020**

**Mail to:**

Absentee Shawnee Election Commission

P.O. Box 741

Tecumseh, OK 74873

**Fax to:**

**Fax # (405) 273-1337 (Do not fax to any other fax #)**

Phone: (405) 275-4030 ext. 6271

Toll free number 1-800-256-3341 ext. 6271

**Deliver in Person to:**

Election Commission Office located in the Tribal Court Building

All eligible voters are entitled to vote either at the Polls or by Absentee Ballot.

This form may be duplicated for your convenience.

**Disclaimer: This election may be affected by pending litigation. Any required changes will be published in the newspaper as soon as possible.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ELECTION COMMISSION USE ONLY**

Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disapproved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Disapproved (reason): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denial Letter Mailed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ballot Mailed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Election Commission/Representative