

ABSENTEE BALLOT REQUEST

ELECTION DATE: APRIL 15, 2025

I _____, will not be able to vote at the polls on Tuesday, April 15, Primary Election Day, due to absence from the reservation, illness, or physical disability, and I wish to exercise my right to vote. Therefore, please provide me with an absentee ballot for the special election.

Printed Name: _____

Signature: _____

Address: _____

State: _____ Zip: _____

Date of Birth (MM/DD/YYYY): _____

* **Phone Number:** () _____ - _____

Enrollment Number: _____

