## Haines Borough Absentee by Fax or EMail Application

## **ABSENTEE BY FAX or EMAIL APPLICATION INSTRUCTIONS**

At any borough election, a qualified voter may vote an absentee ballot for any reason.

You must reapply each calendar year. Applications may be submitted anytime after January 1st and until 5:00 p.m., Alaska time, the day before a Haines Borough election.

It is the applicant's responsibility to notify the Clerk's Office of any fax number or email changes to ensure successful ballot transmittal.

- Print clearly. Use blue or black ink. Use all capital letters.
- All information on this application is mandatory.
- Haines Borough Address Must be provided on Line 3: A complete physical 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 P.O. Box, HC No. and Box, PSC Box, Rural Route No., Commercial Address or Mail Stop Address on line 3 of the application.
- This voting mechanism is provided as a convenience to you and you accept the consequence of technological/transmission difficulties. The Clerk will acknowledge receipt of both your application and your voted ballot. If you do not receive confirmation, please follow up with the Clerk's office to assure receipt of your application and/or voted ballot. If you have questions or need additional information, contact the Borough Clerk at 907-766-6402.

ABSENTEE VOTING FAX NUMBER (907) 766-2716 or EMAIL afullerton@haines.ak.us Please remember to SIGN this form.

1. Last Name First Name		
	M.I. Suffix (Sr., Jr., III)	For Office Use Only
		VN
		Precinct 33
2 No D 1 D 1		Sent
2. Name Previously Registered:		
3. Haines Borough, Alaska Residence Address	S (De not use D.O. DCC H.C. or D.D. Der)	Date/Time Received
(Physical Location in Haines)	S – (Do not use r.o., rsc, nc, or kk box)	Date/Time Received
4. Phone or Email Where You May Be Contac	cted	
(If out of country, please provide country phone code)		<b>*</b>
5. FAX or EMAIL my Ballot to:	6. Identifier (You MUST provide Alaska Voter No.: Social Security No.*: Date of Birth*:	
7 77 4 67 499 49 77 10 11 10 1		2 1 17
7. <b>Voter Certification</b> : I certify under penalty of p am not voting in any other manner in this election. I further certify that I have not been convicted of a vote in any other state. <b>WARNING</b> : If you prova misdemeanor.	I also certify that I am a U.S. citizen, and a felony (unless unconditionally discharged	d at least 18 years of age. d). I am not registered to
I understand that by using fax or email tr waiving a portion of my right to a secret expect that my vote w		ocess my ballot, but
I hereby request that an absentee ballot be faxed		
(please mark one)	a of chance to me at the acove number	or address for.
_ :	Borough MUNICIPAL* electionsor-	
	ral Election held in year	
(Please note that this form does NOT cover State elections. Y	You must contact the State directly to make abse	ntee voting arrangements )

SIGNATURE:

DATE: