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		
Voter of the Absentee Shawnee			
be present to cast my Vote at th	ne March 19, 2016 Prim	ary Election,	therefore, I am
requesting an Absentee Ballot b	be mailed to me at the fol	lowing addres	S.
Name (please print):			
Name (please print):	(middle) (maiden)		(last)
Address:	City:	St:	Zip:
CDIB#:	Date of Birth:		
Signature:	Date:		
All <u>REQUESTS</u> must	be returned to the Election February 28, 2016		y the deadline of
Abs	Mail to: sentee Shawnee Election Co P.O. Box 741 Tecumseh, OK 74873		
	Fax to: 5) 273-1337 (Do not fax 2) Phone: (405) 275-4030 ext I free number 1-800-256-33	. 6271	<u>'ax #)</u>
Deliver in Person to:			
Election Commission Office located in the Tribal Court Building			
•	ntitled to vote either at the Pol ay be duplicated for your con	•	e Ballot.
ELEC	CTION COMMISSION US	E ONLY	
Received:	Approved:	Disappro	ved:
If Disapproved (reason):			
Denial Letter Mailed:	Ballot Mailed:		

Election Commission/Representative