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 Tr					
be present to cast my Vote at the June 20, 2020 Annual Election , therefore, I am					
requesting an Absentee Ballot be mailed to me at the following address.					
Name (please print):					
Name (please print):(first)	(middle)	(maiden)	C 4.	(last)	
Address:	Cit		St:	Z1p:	
CDIB#: Date of Birth:					
Signature:		Date:			
All REQUESTS must be returned to the Election Commission by the deadline date of					
May 31, 2020					
1 111 1 1 1 1 1 1 1 1 					
Mail to:					
Absentee Shawnee Election Commission					
P.O. Box 741 Tecumseh, OK 74873					
recumsen, OK 74075					
Fax to: Fax # (405) 273-1337 (<u>Do not fax to any other fax #)</u>					
					Phone: (405) 275-4030 ext. 6271 Toll free number 1-800-256-3341 ext. 6271
1011 file humber 1 000 250 5541 ext. 0271					
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.					
ELECTION COMMISSION USE ONLY					
Received: App	proved:		Disapprov	ed:	
If Disapproved (reason):					
Denial Letter Mailed:		Ballot Mailed:			
		Election Comm	nission/Repres	sentative	
			_		