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 Na Voter of the Absente be present to cast my an Absentee Ballot b	e Shawnee Tri vote at the <u>Ju</u>	ne 21, 2025 A	nnual Electi		1 0 0	
Name (please print):						
Address:		(middle) City:			(last) Zip:	
CDIB #:	DIB#: Date of Birth:					
Signature:	Date:					
All <u>REQUEST</u>	<u>S</u> must be retur	rned to the <u>Ele</u> June 1, 2		ission by	the deadline date of	
Mail to: Absentee Shawnee Election Commission P.O. Box 741 Tecumseh, OK 74873						
		Fax to: 73-1337 (Do r one: (405) 275 we number 1-80	not fax to an -4030 ext. 35	537		
Email to: election.commission@astribe.com			Deliver in Person to: Election Commission Office located in Building 2, Shawnee Campus			
-	ible voters are This form may				by Absentee Ballot.	
ELECTION COMMISSION USE ONLY						
Received:	Approve	ed:	Disapp	proved:		
If Disapproved (reason):						
Denial Letter Mailed:Ballot Mailed:Bellot Mailed:						
					entative	