PLEASE fill out EACH BLANK completely and return by the Deadline.

ABSENTEE BALLOT REQUEST

I,			, he	reby certify th	nat I am or	will be an Eligible
						will be an Eligible
						nnot physically
			une 17, 2023			
requesting a	n Absentee	Ballot be m	nailed to me at	the following	ig address	•
Nama (plass	ca print):					
Name (pieas	se print)	(first)	(middle)	(maiden)		(last)
						Zip:
11001000					~	
CDIB#:			D	ate of Birth	ı :	
Signature: Date:						
	Fa	nx # (405) 2 Pho	Mail to ee Shawnee E P.O. Bo Fecumseh, OF Fax to: 73-1337 (Do r one: (405) 275 ee number 1-86	lection Compox 741 X 74873 A rect fax to an -4030 ext. 62	<mark>y other fa</mark> 271	<u>x #)</u>
		1	Deliver in Pe	con to		
	Flection		Office locate		al Court F	Ruilding
	Licetion	Commission	i Office focute	a m the 1110	ai Couit L	unding
	_		entitled to vot y be duplicated			by Absentee Ballot.
		ELECT	ION COMMISS	ON USE ONLY	Y	
Received:		Approve	ed:	Disapp	proved:	
If Disapproved	(reason):					
Denial Letter M	Iailed:		Ballot N	Mailed:		
				* *** <u></u>		

Election Commission/Representative