



**CITY OF KETCHIKAN  
APPLICATION FOR ABSENTEE ELECTRONIC BALLOT**

**RETURN TO**

**City Clerk's Office  
City of Ketchikan, 334 Front Street, Ketchikan, Alaska 99901  
PH: 907-228-5658 FX: 907-225-5075  
clerk@city.ketchikan.ak.us**

**ELECTION YEAR 2020  
(Check all that apply)**

- Regular City Election of October 6, 2020
- Special City Election of \_\_\_\_\_
- Any City Election for the Calendar Year 2020

First/Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Ketchikan Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Registered Precinct No.: \_\_\_\_\_

Please indicate electronic delivery preference (choose one):

Email Address: \_\_\_\_\_

Fax No.: \_\_\_\_\_

**Voter Identification:**  
(Must complete at least one)

VOTER ID # \_\_\_\_\_  
LAST FOUR SOC. SECURITY # \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

I swear or affirm, under penalty of perjury, that the information on this form is true, accurate and complete to the best of my knowledge and I am eligible to vote in the requested jurisdiction. I am not requesting a ballot from any other state, and I am not voting in any other manner in this election.

I further certify that I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole. I am not registered to vote in another state or I have taken the necessary steps to cancel that registration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only		
Rec'd by:	Date:	Date Ballot faxed/emailed: