



## REQUEST FOR ABSENTEE BALLOT BY ELECTRONIC TRANSMISSION

### CITY OF VALDEZ Municipal Election Tuesday September 10, 2019

Any qualified elector who is entitled to secure and cast an absentee ballot may apply to the City Clerk, in person, by fax/email or by mail, for an **absentee ballot by electronic transmission**. The application shall include the name and identifiers of the applicant, fax number or email where the ballot should be received, and waiver of ballot secrecy rights. Please contact the City Clerk's Office at 834-3468 for instructions regarding absentee voting by electronic transmission.

You may request a ballot for voting by electronic transmission beginning August 26, 2019. Voting by electronic transmission will be conducted by the City Clerk, Monday through Friday, between the hours of 8:30 a.m. and 5:00 p.m. **ALL VOTED BALLOTS MUST BE RECEIVED BY THE CITY CLERK'S OFFICE BEFORE THE CLOSE OF ELECTION POLLS ON TUESDAY, SEPTEMBER 10, 2019.**

To help us process your request please provide the Clerk's office with the following information:

FAX NUMBER WHERE YOU WANT TO RECEIVE YOUR BALLOT:

(\_\_\_\_\_)\_\_\_\_\_

**OR**

EMAIL WHERE YOU WANT TO RECEIVE YOUR BALLOT:

\_\_\_\_\_

ADDRESS OF YOUR PERMANENT VALDEZ PHYSICAL RESIDENCE (**Do not use P.O. Box#**)

\_\_\_\_\_

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

**For identification purposes please provide at least one of the following:**

Last 4 digits of Social Security Number: \_\_\_\_\_

Voter ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If you should need further assistance or have questions regarding the election, please contact the City Clerk's office at 834-3468.

Please sign and date your request:

I certify that I am a resident of the City of Valdez and that I am not seeking to vote in any other manner in this election. I understand that by using electronic transmission to return my marked ballot, I am voluntarily waving a portion of my right to a secret ballot to the extent necessary to process my ballot, but expect that my vote will be held as confidential as possible.

Signature of Voter:

\_\_\_\_\_

Printed Full Name of Voter:

\_\_\_\_\_

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

**RETURN THIS REQUEST FORM TO:**

City of Valdez  
Attention: City Clerk's Office  
P.O. Box 307  
Valdez, AK 99686

**OR YOU MAY FAX OR EMAIL YOUR REQUEST FORM TO:**

FAX: 907-835-2992 EMAIL: [afterko@valdezak.gov](mailto:afterko@valdezak.gov)  
(Please be sure to confirm receipt or your fax/email.)