**CITY OF CORDOVA, ALASKA**

**REGULAR ELECTION**

**MARCH 5, 2024**

**BALLOT APPLICATION FOR ABSENTEE VOTING**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (print name) hereby make application for an absentee ballot for the March 5, 2024 Cordova Regular Election and any subsequent run-off elections based on results of the regular election.

I, the undersigned, do hereby swear that I am of legal voting age; that I am a citizen of the United States, and have been a resident of the State of Alaska and of Cordova for thirty days immediately preceding this election; that I am registered and duly qualified to vote in the City of Cordova municipal election; that I have not voted in another state or city election since establishing my residency requirements; that I have not been convicted of a felony involving moral turpitude for which my civil rights have not been restored nor disqualified because I have been judicially determined to be of unsound mind; all in accordance with qualifications specified in the Cordova City Charter and the Cordova Municipal Code, Article V of the Alaska Constitution and Title 15 of the Alaska Statutes.

Cordova Residence Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Voter # **OR** Birthday **AND** last four of SS number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail** Absentee Ballot to name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing** Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone number voter can be reached at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this application to the City Clerk at PO Box 1210 **OR** by fax to 424-6000 **OR** by email to [cityclerk@cityofcordova.net](mailto:cityclerk@cityofcordova.net) by **2/27/24** (postmarked by this date or received by fax or email by this date)

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# CLERK’S OFFICE USE ONLY

BALLOT #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VI: \_\_\_\_\_ PK: \_\_\_\_\_ OI: \_\_\_\_: \_\_\_\_\_\_\_\_\_\_\_

ISSUED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Returned: \_\_\_\_\_\_\_\_\_