

ABSENTEE BALLOT REQUEST FORM
SPECIAL ELECTION

Date: _____

Palau Election Commission
P.O Box 826
Koror, Republic of Palau 96940
Tel: (680) 488-1554/4543
Fax: (680) 488-3327
Email: palaelect@palaunet.com

OFFICE USE ONLY
Rec'd Date: _____
Time: _____
Election Official: _____

To Election Commission:

This is a formal request that the Palau Election Commission Office send to me, an absentee ballot and all other documents required for an absentee voter to be voted by me, for the upcoming _____ election to be held on _____.

State/Type of Election Date of Election

Please mail my ballot and other documents to the following address: (PLEASE PRINT)

Name: _____

I am also known as: _____

Date of Birth: _____

ROP Social Security Number: _____

Voter of: _____

Current Mailing Address: _____

ABSENTEE REQUEST FOR THE UPCOMING ELECTION MUST BE RECEIVED NO LATER THAT 15 DAYS BEFORE THE ELECTION DATE. YOU MAY MAIL OR FAX YOUR ABSENTEE REQUEST TO THE ABOVE ADDRESS. WE HONOR E-MAIL ABSENTEE REQUEST, PROVIDED THE REQUESTOR MUST CONTACT PALAU ELECTION COMMISSION FOR CONFIRMATION OF RECEIPT.

SIGNATURE OF REQUESTOR

DATE