

OFFICIAL REQUEST TO BE PLACED ON THE PERMANENT ABSENTEE BALLOT LIST

Please Print

First Name	MI	Last Name	DOB
Mailing Address:			
-	Street or PO Box		
	City,	State	Zip
	Telephone Number		
I hereby request to future elections.	to be placed on the Tribe's	s Permanent Absentee	Ballot List for all
	t I am responsible for ensu omplying with all rules re	•	
Signature			Date