



## CITY OF DILLINGHAM ABSENTEE BALLOT APPLICATION

To receive a ballot, this application must be **RECEIVED** at least ten days before the election or September 27, 2025. This application is for residents of the City of Dillingham.

I am requesting a ballot for: Regular City Election – October 7, 2025

NOTE THE INFORMATION BELOW IS REQUIRED FOR PROCESSING YOUR REQUEST. PLEASE PRINT CLEARLY. ILLEGIBLE HAND WRITING MAY PREVENT YOU FROM RECEIVING YOUR BALLOT ON TIME.

Printed Name: \_\_\_\_\_  
Last First MI

Physical Residence Address: \_\_\_\_\_  
House Number and Street Name or other physical identifier, City, State, & Zip

Permanent Mailing Address: \_\_\_\_\_

☐ Check here to mail your ballot to your permanent mailing address

☐ Check here to mail your ballot to a different mailing address and fill in the information below:

Ballot Mailing Address: \_\_\_\_\_  
Postal Box or House Number and Street Name, City, State, & Zip

\*Note: Ballots returned as undeliverable, will NOT be forwarded.

Phone Number where you can be reached: \_\_\_\_\_

In order for your application to be processed, **one** of the following must be provided:

Alaska Voter No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_ or Last 4 digits of SSN: \_\_\_\_\_

**Read and Sign:** I swear or affirm, under penalty of perjury, that: I am a qualified voter of the State of Alaska, have been a resident of the City of Dillingham for at least 30 days prior to the election, and have registered to vote in State elections in the precinct my residence address indicates at least 30 days prior to the election.

\_\_\_\_\_  
**Signature of Voter**

\_\_\_\_\_  
**Date**

Official Use Only:

Input Date/Initials: \_\_\_\_\_ Date ballot mailed: \_\_\_\_\_

# ABSENTEE BALLOT APPLICATION

You may use this application to request an absentee ballot for City elections conducted by the City of Dillingham. This application **MUST** be received at least 10 days prior to election day.

## ABSENTEE VOTING BY MAIL

For the upcoming Regular City Election, a mailed request for an absentee ballot must be received in the City Clerk's Office by mail or by fax (907-842-2060), no later than **Saturday, September 21, 2024**.

Each person requesting an absentee ballot must personally sign their request. No one can sign for you; however, a copy of a recorded Power of Attorney may be presented in lieu of the original signature of the person requesting the ballot.

Please complete your absentee ballot request carefully and return it to the City Clerk's Office promptly to allow time for processing. An incomplete request or a mail delay could prevent you from receiving your ballot on time. If after you submit your request, your physical or mailing address changes, contact the City Clerk's Office immediately. Ballots will NOT be forwarded if they are returned as undeliverable.

Absentee balloting material, including instructions, will be mailed to you approximately two weeks prior to the election. To be counted, your ballot, **MUST BE VOTED, POSTMARKED, AND MAILED, FAXED OR EMAILED** to the City Clerk's Office no later than Election Day and must be received before the date and hour of the Canvassing Meeting, **October 3, 2024**.

Mail your application to: City Clerk's Office  
City of Dillingham  
PO Box 889  
Dillingham, AK 99576

Fax your application: (907) 842-2060  
Email (as a pdf, tiff or jpg attachment): [cityclerk@dillinghamak.us](mailto:cityclerk@dillinghamak.us)

## ABSENTEE VOTING BY PERSONAL REPRESENTATIVE

If you are a qualified voter with a language barrier or physically disabled, you may apply for an absentee ballot through a personal representative, to the City Clerk, at City Hall, [Monday, September 16, 2024 through Tuesday, Sept 30, 2024.](#)

Upon receipt of a written application by the personal representative, the election official authorized to issue the absentee ballot shall provide the ballot and other absentee voting material to the personal representative if the written application is signed by the applicant and is accompanied by a letter from a licensed physician, or a statement signed by two qualified voters stating that the applicant will be unable to go to the polling place because of a physical disability.