REQUEST FOR CONFINED VOTER

DATE	<u> </u>	
TO:	PALAU ELECTION COMMISSION P.O BOX 826 KOROR, REPUBLIC OF PALAU 9 TEL: 488-1554/4543 FAX: 488-3327	
l,		formally request that an arrangement be
made	e so that I may cast my vote thro	ugh absentee ballot due to illness or physical
disak	pility that will prevent me from a	ttending the designated polling place.
I am	registered voter of	
Resid	ding at	
		o your residence at the back)
My t	elephone number is	
Signa	ature of confined voter	Date
Rece	ived by:	Time: Date:

***THIS REQUEST MUST BE RECEIVED BY THE ELECTION COMMISSION NO LATER THAN 12:00 NOON ON THE ELECTION DAY ***