

ABSENTEE BALLOT REQUEST FORM

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 _____.
National or State/Type of Election *Date of Election*

(PLEASE PRINT CLEARLY)

Name _____

I am also known as _____

Date of Birth _____

ROP Social Security Number: _____

Voter of _____

Please mail my ballot and other documents to the following address:

Current Mailing Address: _____

ABSENTEE REQUEST FOR THE UPCOMING ELECTION MUST BE RECEIVED NO LATER THAN 7 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