

REQUEST FOR CONFINED VOTER

DATE: _____

TO: PALAU ELECTION COMMISSION
P.O BOX 826
KOROR, REPUBLIC OF PALAU 96940
TEL: 488-1554/4543 FAX: 488-3327

I, _____, formally request that an arrangement be made so that I may cast my vote through absentee ballot due to illness or physical disability that will prevent me from attending the designated polling place.

I am a registered voter of _____ .

Residing at _____ .
(please write direction to your residence at the back)

My telephone number is _____ .

Signature of confined voter

Date

REMINDER: FOR PRIMARY AND OR GENERAL ELECTION

****KOROR & AIRAI ONLY****

MUST BE RECEIVED BY THE ELECTION COMMISSION OFFICE NO LATER THAN 4:30P.M. 7 DAYS BEFORE THE ELECTION DAY

**** BABELDAOB AND OUTLYING STATES ****

MUST BE RECEIVED BY THE ELECTION COMMISSION/REPRESENTATIVE NO LATER THAN 12 NOON ON ELECTION DAY.

FOR OFFICE USE ONLY		
DATE REC'D	TIME	REC'D BY