

# REQUEST FOR CONFINED VOTER

DATE: \_\_\_\_\_

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

I, \_\_\_\_\_, also known as \_\_\_\_\_,  
born on \_\_\_\_\_, formally request that an arrangement be made so  
*Birthdate*  
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 clearly write directions to your residence on the back)*

My telephone number: \_\_\_\_\_ , Mobile #: \_\_\_\_\_

\_\_\_\_\_  
Signature of confined voter

\_\_\_\_\_  
Date

\*\*Submitted by: \_\_\_\_\_ Contact #: \_\_\_\_\_  
*Please Print Clearly*

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**REMINDER FOR STATE ELECTIONS**  
**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