

# 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: palaelection@gmail.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