

ABSENTEE BALLOT REQUEST FORM

Return Address:

(Print First and Last Name)

(P.O. Box)

(City, State & Zip Code)

Ute Mountain Ute Tribe
Election Board Office
P.O. Box 515
Towaoc, CO 81334
970-564-5635 (phone)
970-564-5684 (fax)
electionboard@utemountain.org



Deadline for Request: September 10, 2021

I, _____ Census #: _____ Date of Birth: ____ / ____ / ____

Applicant:

(Print Legal First Name) (Print Legal Last Name) (Print Date)

(Signature Legal Name) (Signed Date)

Notary:

State of: _____

County of: _____

Signed and sworn to (or affirmed) before me on, _____ 20 _____

By _____ (applicant's name)

Notary's official signature

Title (Notary Public, Clerk, Deputy Clerk or Judge)

Commission expiration

