## Office Use Only

To: Walker River Paiute Tribe Election Board

PO Box 130 Schurz, NV 89427

Office Location: 1022 Hospital Road Email Address: <a href="mailto:electionboard@wrpt.org">electionboard@wrpt.org</a>

Telephone Number: 775-773-2306, Ext. 2349

## Assigned Ballot# Date Requested: Date Received: Received by:

## **ABSENTEE BALLOT REQUEST**

1.	First Name (Please Print	Middle Name	Last Nam	ne
2.	Physical Address	City	State	Zip Code
3.	Mailing Address (if differen	t from #2) City	State	Zip Code
1.	Walker River Tribal Member	ship Number		
5.	Home Telephone Number Cell Phone Number			
S.	Email Address:			
,	Mark Election(s) in which you are requesting an Absentee Ballot:			
	Annual		Special	
		(DO NOT sign until in f	ront of Notary)	
	Dated the	day of		, 20
			Signature of Requester	
NORI	N and SUBSCRIBED befo	ore me, this	day of	, 20
			NOTARY	PUBLIC