

## **UPDATE CONTACT INFORMATION**

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****	ATION IS REQUIR	• • • • • • • • • • • • • • • • • • • •	* * * *	AS	OPTIONAL WI	TH AN AST	ERISK*
		VOTER INF					
I. LAST NAME 2. FIRST NAME			3. MAIDEN, SUFFIX, ALIAS(ES) *				
4. BIRTHDATE	5. MEMBERSHIP #	6. PHONE # *	7. EMAIL	MAIL ADDRESS *			
8. MAILING ADDRESS			9. CITY	9. CITY		IO. STATE	II. ZIP
		ABSENTEE IN	FORMAT	ΠΟ	N *		
☐ 12. ABSENTEE	ADDRESS IS THE S						
13. ABSENTEE ADDRESS			14. CITY			15. STATE	16. ZIP
witness sign	ATURE	ed.	WITN	IES:	S SIGNATURE		
	electionoffice@osage 8-287-5292	•			e Elections, PO Box Kihekah Ave.	928, Pawhusl	ca, OK 7405
<b>PRIVACY PROGRAM:</b> The Privacy Program was established so voters can have their names and addresses omitted from the publicly accessible lists provided to any voter requesting a copy of the Osage Voter Registry for political purposes.				FOR OFFICE USE ONLY			
YOU WILL: YOU WILL NOT:							
<ul> <li>Remain on the C Registry</li> <li>Still be able to vo Osage Nation El</li> <li>Continue to receive AZAZO Election</li> </ul>	fronte in any ection appeive mail from from	eceive campaign mate om candidates eceive mail from vote plying for petitions fo call, referenda, initiat enstitutional amendme	rs or ive, or		INCOMPLETE	DATE CON	MPI ETED
がえれる Elections constitutional amendment Would you like us to send you a Privacy Program application?   YES					NON-MEMBER	27.1.2.001	22 . 25