4ΛΖΛΖΟΙ ELECTIONS ΜΛ΄ διΟ ΌΤΩ ΚΟΝΟΤΕ

2024

ABSENTEE BALLOT REQUEST APPLICATION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL

			VOTE	R II	NFOF	RMATIC	N			
LAST NAME			FIRST NAME			MAIDEN	MAIDEN, SUFFIX, ALIAS(ES)			
BIRTH DATE MEMBERSHIP #			PHONE #				EMAIL ADD	MAIL ADDRESS		
MAILING ADDRESS				TY	'		STATE	ZIP		
			ABSENT		INF	ORMAT	ION			
PERMANENT ABSENTEE VOTER I hereby request an absentee ballot for all Osage Nation Elections.					TEMPORARY ABSENTEE VOTER: Expires 12/31/24 I hereby request an absentee ballot for all Osage Nation Elections					
BSENTE	E ADI	DRESS SAME AS MA	AILING A	DD	RESS	ABOVE				
ABSENTEE ADDRESS				CITY				STATE	ZIP	
By signing below that I have reque	VO to write	bmitting this application of confirm that the information of the information of the confirm that the information of the confirm that the information of the confirmation of the confirmati	ons, I swear ormation po	and	affirm ded on	that I am this forn	eligible to receive and control of the control of t	eive Osage Norrect. ATE SIGNE ed by two per	rsons who shall sign thei	
WITNESS SIGNATURE						WITNESS SIGNATURE				
RETURN THE EMAIL MAIL	electi Wahz PO B	ORM BY: onoffice@osagenations thazhe Elections ox 928 uska, OK 74056	on-nsn.gov			FOR (OFFICE U	ISE ONL	Y	
IN PERSON 608 Kihekah Ave. Pawhuska, Oklahoma								DATE	DATE COMPLETED	
FAX 918-287-5292				_	□ NO	N-MEMBER				

♦ VOTERS ARE RESPONSIBLE FOR VERIFYING DELIVERY ♦