<u>4ΛΖΛΖΟ ELECTIONS ABSENTEE BALLOT REQUEST FORM</u>

Last Name		First Name		Maiden, Suffix, Alias(es)		
Birth Date	Enrollment Number	E-mail Address		Phone Number		
	ESS: If the mailing address prov DIB Department so it can be upo		nt than what is currently or	n file, it will	be forwarded to the	
Street, Route, or PO Box		City		State	Zip	
BALLOT SHOUL	D BE MAILED TO: Same as n	nailing address	above.			
Street, Route, or PO Box		City		State	Zip	
include M VOID PER my name	ENT ABSENTEE VOTER: I hereby linerals Council Elections). MANENT ABSENTEE VOTER ST. from the Permanent Absentee ARY ABSENTEE VOTER: I hereby (This does not void any previo	ATUS : I hereby Voter list. / request an ab	v request to change my abs psentee ballot for all Osage	entee voter Nation Elec	status and remove	
			=	ve questio	ns,	
Voter Signature			please call (877) 560-5286.			
	e to write, he/she shall make hi s in the space provided.	is/her mark ab	ove, and same shall be witr	nessed by tw	vo persons who shall	
Witness Signatu	ure		Witness Signature			
 → A copy of any → EXAMPLES: D 	PHOTO ID REQUI y government issued photo ID mus Driver's License, Passport, Military responsible for faxes that do not t	t be sent with th ID, Tribal Photo		e considered	complete.	
PRIVACY PROGRAM: Please send me information		nation on	FOR ELECTIC	ON OFFICE U	SE ONLY	
the Privacy Prog						
E-mail: election Mail: Osage P.O. B	FORM BY: 287-5292 onoffice@osagenation-nsn.gov e Nation Election Office Box 928 uska, OK 74056 NOT a mailing address.		INCOMPLETE – NO ID			
	608 Kihekah		DATE COMPLETED:			

Pawhuska, OK