



ELECTIONS DEPARTMENT



The Confederated Tribes of the Colville Reservation -AUTOMATIC ABSENTEE BALLOT REQUEST FORM-

**This form will allow you to receive ballots through the mail for every election that is being held for the Colville Confederated Tribes. Fill out the required fields below to be placed on the Absentee List:

-Please circle your Voting district below:

OMAK

NESPELEM

KELLER

INCHELIUM

-Please provide your current mailing address:

Name _____

Tribal ID #: _____

P.O Box/Street Address _____

Date of Birth: _____

City/State/Zipcode _____

Phone # _____

Please Note:

1. Request will remain in effect until a written request to cancel is received.
2. A new request is required if voting district changes.
3. Request will be cancelled if ballot is undeliverable.

x Signature | Date:

RETURN TO:
Elections Department
P.O Box 1150, Nespelem, WA 99155

PHONE: (509) 634-2121
FAX: (509) 634-2152

OFFICE USE ONLY:

Voting Member Verified
 Address Verified
 Voting District Verified
 Signature Verified

Date Received: _____
 Election Staff: _____
 Date Entered: _____
 Date Filed: _____

Notes: _____