

To: Walker River Paiute Tribe
 Election Board
 PO Box 130
 Schurz, NV 89427

Office Use Only

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

Office Location: 1022 Hospital Road
 Email Address: electionboard@wrpt.org
 Telephone Number: 775-773-2306, Ext. 2349

ABSENTEE BALLOT REQUEST

1.	First Name (Please Print)	Middle Name	Last Name
2.	Physical Address	City	State Zip Code
3.	Mailing Address (if different from #2)	City	State Zip Code
4.	Walker River Tribal Membership Number		
5.	Home Telephone Number	Cell Phone Number	
6.	Email Address:		
7.	Mark Election(s) in which you are requesting an Absentee Ballot:		
	<div style="border: 1px solid black; width: 150px; height: 25px; margin: 0 auto;"></div> Annual	<div style="border: 1px solid black; width: 150px; height: 25px; margin: 0 auto;"></div> Special	

(DO NOT sign until in front of Notary)

Dated the _____ day of _____, 20____

 Signature of Requester

SWORN and SUBSCRIBED before me, this _____ day of _____, 20____

 NOTARY PUBLIC