



STATE OF YAP
OFFICE OF THE ELECTION COMMISSIONER
P.O. BOX 928
COLONIA, YAP STATE, FM 96943
Tel: (691) 350-6130; Email: stateelectionyap@gmail.com

APPLICATION TO VOTE BY ABSENTEE BALLOT

To: **State Election Commissioner**

I wish to request for absentee ballot(s) for the November 08, 2022 State Election for Governor and Lt. Governor and Members of the Yap State Legislature.

1. PRINT NAME _____ 2. DATE OF BIRTH: _____
mm/dd/yyyy

_____ First Name _____ Middle Name _____ Last Name

3. POLLING PLACE

_____ Box # _____ Village _____ Municipality _____ ED# _____ State

4. MAILING ADDRESS

_____ Number of street/P.O. Box # _____ City/Village municipality _____ State/Country _____ Zip Code

5. E-mail Address: _____

6. SELECT ONLY ONE TYPE OF ABSENTEE BALLOT REQUEST

- A. Absentee ballot by **Mail**. (120 days-5 days prior to election)
- B. Absentee ballot for **Special Polling Place**. (120 days-5 days prior to election)
- C. Absentee ballot prior to **Traveling**.
- D. Absentee ballot for **Confined Eligible Voter**.

7. REASON FOR REQUESTING ABSENTEE BALLOT:

I have not applied for, nor do I intend to apply for an absentee ballot from any other jurisdiction for this election. I certify under penalty of perjury that I completed this form myself and that the information I have provided on this application is true and correct.

_____ Signature of Applicant _____ Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____ Notary Public/Election Board (Print full name) _____ Signature

