

**ABSENTEE BALLOT REQUEST FORM**

Date: \_\_\_\_\_

Palau Election Commission  
P.O Box 826  
Koror, Republic of Palau 96940  
Tel No.: (680) 488-1554/4543  
Fax No.: (680) 488-3327

To Election Commission:

This is a formal request that the Palau Election Commission Office send to me, an absentee ballot and all other documents required for an absentee voter to be voted by me, for the upcoming \_\_\_\_\_ election to be held on \_\_\_\_\_  
State/Type of election Date of Election

Please mail my ballot and other documents to the following address: **(PLEASE PRINT)**

Name: \_\_\_\_\_

I am also known as: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ROP Social Security Number: \_\_\_\_\_

Voter of: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ABSENTEE REQUEST FOR THE UPCOMING ELECTION MUST BE RECEIVED NO LATER THAN 7 DAYS BEFORE THE ELECTION DATE. YOU MAY MAIL OR FAX YOUR ABSENTEE REQUEST TO THE ABOVE ADDRESS. WE DO NOT HONOR E-MAIL ABSENTEE REQUEST.**

\_\_\_\_\_  
SIGNATURE OF REQUESTOR

\_\_\_\_\_  
DATE