

ABSENTEE BALLOT REQUEST

I, _____, will not be able to vote at the polls
(name)
on Tuesday April 2, 2024 (Primary Election Day) due to absence from the reservation, illness or physical disability, and wish to exercise my right to vote. Therefore, please provide me an absentee ballot. I vote in District _____ (District I-Cloquet, District II-Sawyer, District III-Brookston).

Printed Name

Signature

Address

City, State and Zip Code

Enrollment Number

Date of Birth

Phone Number