## **City & Borough of Juneau eBallot Application**

October 7, 2025 Regular Municipal Election Applications must be received by 5:00 p.m. Alaska time September October 6, 2025

1.	Last Name		First Name		Middle Initia	al Suffix (Circle One) Jr., Sr., II, III or	
2.	Name Previous	sly Registered:					
3.		Your CBJ Residence Address – do not use PO Box, PSC, HC or RR					
	House #	Street Name		Apt #	City	Alaska State	
4.	Identifiers –			Арс #	City	State	
	Voter ID		ח	ate of Birt	h		
	Voter ID						
	Last 4 of Social	ast 4 of Social Security Alaska Driver's License/State ID					
5.	Send Ballot to: (Check one and provide information)						
	Email Addres	s:					
	Domestic FA	(Numbor)					
		(Number.	Area Code		Fax Number		
	International	FAX Number:Country Cod	de Area Code		Fax Number		
6.	Your contact information if there are problems:						
	Phone Number:						
	Email Addres	s:					
7.	<b>Voters Certificate. Read and sign below:</b> I swear or affirm, under penalty of perjury, that: I am a United States Citizen. I am at least 18 years old. I have been a resident of the municipality for at least thirty days immediately preceding the election in which I seek to vote. I am registered to vote in state elections at a residence address within the municipality at least thirty days before the election in which I seek to vote. I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation, and/or parole. I have not and will not vote in any other manner in this election. I acknowledge that by providing false information on this form, I may be convicted of a misdemeanor. I understand that by using fax or email transmission to return my marked ballot, I am voluntarily waiving a portion of my right to a secret ballot to the extent necessary to process my ballot but expect that my vote will be held as confidential as possible.						
	Voter Signat	ure		Date	2		
EBALLOT APPLICATION INSTRUCTIONS							
2. 3. 4. 5.	You MUST pro Digital signatu The deadline to ALASKA RESIDE processed if you No., Commercia Submit your co By Fax: (907)5 99803; By ema cannot guarant	ares are not allowed. receive your applicatio ENCE ADDRESS: A com a leave the residence ad al Address or Mail Stop mpleted application to t 86-4550; In person a ail: cbj.elections@junea	ignature, as shown o n is no later than 5:00 plete physical residence ddress blank or if you p Address. The address n the Municipal Clerk's Of t: CBJ Clerk's Office, 15 u.gov personal information if	<b>p.m.</b> Ala e address rovide a nust be v fice: 55 Herita sent by	iska time <b>Monday, (</b> must be included. ) PO Box, HC No. and vithin the City & Bord ge Way; <b>By Mail:</b> P( email, though applica	Your application cannot be Box, PSC Box, Rural Route bugh of Juneau. D Box 33579, Juneau, AK ations received by email will	
	Office Use Only						
Sigi	nature Verified	Verified by	ADB date			Date sent	