City & Borough of Juneau eBallot Application

DATE Regular Municipal Election

This application is NOT for the State Primary (DATE) or General Election (DATE)

Applications must be received by **DATE AND TIME**

1. Last Name First Name Middle Initial Suffix (Circle One)
Jr., Sr., II, III or ____

2. Name Previously Registered:_____

3. **Your CBJ Residence Address** – do not use PO Box, PSC, HC or RR

House #	**Street Name**	**Apt #**	**City**	**Alaska State**

4. **Identifiers – ONE required**

Voter ID _____ Date of Birth _____

Last 4 of Social Security _____ Alaska Driver's License/State ID _____

5. **Send Ballot to: (Check one and provide information)**

❑ Email Address: _____

❑ Domestic FAX Number: _____ _____
Area Code Fax Number

❑ International FAX Number: _____ _____ _____
Country Code Area Code Fax Number

6. **Your contact information if there are problems:**

❑ Phone Number:

❑ Email Address:

7. **Voters Certificate. Read and sign below:** I swear or affirm, under penalty of perjury, that: I am a United States Citizen. I am at least 18 years old or will be by the date of the election. 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 electronic 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 Signature **Date**

EBALLOT APPLICATION INSTRUCTIONS

1. **All information on this application is mandatory.**
2. The deadline to receive your application is no later than **5:00 p.m.** Alaska time **DATE.**
3. ALASKA RESIDENCE ADDRESS: A complete physical residence address must be included. Your application cannot be processed if you leave the residence address blank or if you provide a PO Box, HC No. and Box, PSC Box, Rural Route No., Commercial Address or Mail Stop Address. The address must be within the City & Borough of Juneau.
4. Submit your completed application to the Municipal Clerk's Office:
   By email: cbj.elections@juneau.gov; **By Fax:** (907)586-4550; **In person at:** CBJ Clerk's Office, 155 Heritage Way;
   By Mail: PO Box 33579, Juneau, AK 99803;

CBJ cannot guarantee the security of your personal information if sent by email. **Any e-ballots received without this application will be rejected.**

For Office Use Only:
Signature Verified by _____ ADB date _____ Date sent _____

Ballot Received Date _____ Omni _____ Email/Fax ☐ Mail/Drop box ☐