



# Pokégnek Bodéwadmik · Pokagon Band of Potawatomi

## Election Board

Box 696 • 58620 Sink Road • Dowagiac, MI 49047 • [www.PokagonBand-nsn.gov](http://www.PokagonBand-nsn.gov)  
(269) 782-9475 • (888) 782-9475 toll free • (269) 462-4308 fax

### Absentee Ballot Request Form

Complete this form and submit it to the Election Board Office if you wish to vote by absentee ballot in the November 2, 2019 Elders Council Election. This completed form must be returned to the Election Board Office as indicated at the bottom of this form.

1. Please list your name, mailing address and phone number here:

FULL NAME (FIRST, MIDDLE, LAST)

STREET ADDRESS / P.O. BOX

CITY

STATE

ZIP

PHONE NUMBER

2. Please list your tribal enrollment number here: \_\_\_\_\_

3. Please clearly print your full name. Then sign and date this absentee ballot request certification statement.

I, \_\_\_\_\_ hereby certify that I am a Citizen of the  
(PRINT NAME)

Pokagon Band of Potawatomi Indians and that I am a registered voter with the Band. Please mail an absentee ballot to me so I can vote by mail in the Elders Council Election to be held on November 2, 2019.

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

You may return this Request by mail or by hand delivery to the Election Board office. If you are returning the Request by mail, it must be received by the Election Board no later than 4:30 P.M., October 28, 2019. If you are returning the Request by hand delivery to the Election Board office, it must be received by 2:00 P.M., November 1, 2019. When returning your Absentee Ballot Request Form you must ensure that you have allowed enough time to receive and return the absentee ballot. In order to collect an absentee ballot directly at the Election Board office, you must present this completed form and photo identification.

Return this form by **mail**:  
Pokagon Band Election Board  
P.O. Box 696  
Dowagiac, MI 49047

**OR**

**Hand delivery:**  
Pokagon Band Election Board Office  
58620 Sink Road  
Dowagiac, MI 49047  
**Email:** [election.board@pokagonband-nsn.gov](mailto:election.board@pokagonband-nsn.gov)  
**Fax:** (269) 462-4308

#### Election Board Use Only

Date/manner form received:  
\_\_\_\_\_

Absentee Ballot Request Form received by:  
\_\_\_\_\_

Tribal citizen verified to be a registered voter:  
\_\_\_\_\_

ELECTION BOARD/DATE

Date/manner absentee ballot delivered:  
\_\_\_\_\_