

To: Walker River Paiute Tribe
Election Board
P.O. Box 152
Schurz, NV 89427

Email Address: electioncommittee@wrpt.org

ABSENTEE BALLOT REQUEST

1	First Name (Please Print)	Middle Name	Last Name	Maiden Name	
2	Physical Address		City	State	Zip
3	Mailing Address for Absentee Ballot (if different from #2)		City	State	Zip
4	Walker River Tribal Membership Number				
5	Telephone Number				
6	Email Address: (optional)				
7	Mark Election(s) in which you are requesting an Absentee Ballot: Annual <input type="checkbox"/> Special <input type="checkbox"/>				
8	Please sign and date below				
	Signature			Date	

OFFICE USE ONLY:

Date Received _____ by _____