## **APPLICATION REQUESTING ABSENTEE BALLOT**

,	ate of Pohnpei		
he	ereby request an absen	itee ballot for the Specia	l Election
it the following information	on me in order to com	ply with the State electi	on law:
Election District or Municip	ality		
Ballot box number, if know	n		
Reason for being absent			
address that I wish my ball address, if any	ot to be forwarded and	d include your telephone	and email
An FSM citizen by: Birth		Naturalized	
Already registered to vote	YES	not yet registered	
		NO	
(Send your request to your S	tate Election Commiss	ioner). Below is the add	ress:
P.O Box 1180 Kolonia, Pohnpei FM 96941 Tel: (691) 320-3469 Fax:	(691) 320-8907		
you.			
ant's full name	signature		date
	An FSM citizen by: Birth Already registered to vote I am a student  (Send your request to your Sound Sound Commissioner Pohnpei State Government P.O Box 1180  Kolonia, Pohnpei FM 96941 Tel: (691) 320-3469 Fax: (Email: pohnpeielection@yarea.	it the following information on me in order to com  Election District or Municipality  Name of the place where I go and vote in Pohnpe Ballot box number, if known  Reason for being absent  Address that I wish my ballot to be forwarded and address, if any  An FSM citizen by: Birth  I am a student  (Send your request to your State Election Commiss  Mr. Alpino Kerman Election Commissioner Pohnpei State Government P.O Box 1180  Kolonia, Pohnpei FM 96941 Tel: (691) 320-3469 Fax: (691) 320-8907 Email: pohnpeielection@yahoo.com  you.	Election District or Municipality

## Note:

- 1. We will not accept hand carried ballot and hand carried ballot request.
- 2. We will not accept many ballots received in one package. Each voter will send his/her own ballot
- 3. No one is allowed to request ballot on behalf of another person.