



City of Coffman Cove

PO Box 18047

102 Denali Alley

Coffman Cove, AK. 99918

Phone: (907) 329-2233 Fax: (907) 329-2212

Email: clerk@ccalaska.com

Application to Vote by Electronic Transmission

Form 5.04-B

Regular Municipal Election: 1st Tuesday of October

Complete all fields, sign & return to City Hall not more than thirty (30) days before Election Day and no later than three (3) days before Election Day.

1. Voter Name

First MI Last Suffix (Sr., Jr., III, etc.)

2. Coffman Cove Residence Address

Building Number & Street Name Apt # (if applicable) City Zip

3. Phone (_____) _____

4. E-Mail Address _____

5. E-Mail Address or Fax Number to which a Regular Municipal Election Ballot will be sent:

E-Mail Address _____

OR Fax Number (_____) _____

Care Of (if applicable): _____

6. Identifier (VOTER must provide at least one of the following numbers):

Voter ID# _____ **Last 4 Digits SSN** _____ **DOB** _____

7. Affirm the following statement with an original, handwritten signature. No computer-generated (electronic) signatures.

a. I swear or affirm, under penalty of perjury, that the information on this form is true, accurate and complete to the best of my knowledge. I am eligible to vote in the requested jurisdiction and I have not requested a ballot from any other state; I am not

voting in any other manner in the election. I further certify that I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole. I am not registered to vote in another state or I have taken the necessary steps that cancel my registration. *I understand that by using electronic transmission to return my marked ballot, I am voluntarily waiving my right to a secret ballot and potentially disclosing personal identifying information. I am assuming the risk that the integrity of the date on my ballot is not guaranteed and a faulty transmission may occur; I understand that firewalls may isolate and strip attachments like my application or voted ballot. I understand it is my responsibility to follow up and confirm that my application and completed ballot were transmitted and received and were delivered to the Municipal Clerk's office.*

Using dark ink, please write signature and date in the box below:

Signature

Date

Application to Vote by Electronic Transmission Instructions & Information

1. Type or print legibly, using dark ink if completed by hand.
 2. Provide your complete Coffman Cove physical residence address. Your application will *not be processed* if the residence address is blank or incomplete.
 3. Provide a telephone number where you can be contacted.
 4. Provide the e-mail address or Fax number where the ballot package should be sent.
 5. Provide at least one identifier such as voter number, last four digits of your social security number, or date of birth. This information is kept confidential.
 6. Print a copy of your application, if completing electronically.
 7. Provide your dated, handwritten signature.
 8. Hand-deliver, mail, fax or e-mail your completed application to the Clerk's Office at any of the following:
 - a. Physical address: 102 NW Denali Alley
Coffman Cove, AK 99918
 - b. Mailing address: City of Coffman Cove
P.O. Box 18135
Coffman Cove, AK 99918
 - c. Fax: 907-329-2212
 - d. Email: clerk@ccalaska.com
- **Applications will be accepted not more than thirty (30) days before the election and no later than three (3) days before election day.**
 - **Return your ballot as soon as possible.** Voted ballots must be received by 8:00 pm AKST when polls close on Election Day.

For Office Use Only

Voter Status (X or √): _____

Signature Verified

Verified By: _____

Regular Ballot #: _____

Date Emailed/Faxed: _____