



**PAMELA MAHOOTY**  
Chair  
**PAMELIA CHIMONI**  
Vice-Chair  
**CHERYL SANDY**  
Member

**PUEBLO OF ZUNI**  
**Election Board**  
P.O. Box 339  
Zuni, New Mexico 87327-0339  
1203-B State Highway 53  
email: [Election.Board@ashiwi.org](mailto:Election.Board@ashiwi.org)  
Main: 505-782-7000  
Direct: 505-782-7191

**SHERRY BELLSON**  
Secretary  
**TYRA QUETAWKI**  
Member

## Absentee Ballot Request Form

I, \_\_\_\_\_, am requesting an Absentee Ballot for the 2018 Zuni  
Tribal Election to be held on Sunday, **December 16, 2018**. I cannot appear at the polling place  
on Election Day because:

Check Reason:       Illness or Physical Disability  
                             Reside more than 30 miles from polling place  
                             Other: \_\_\_\_\_

### **PLEASE SEND ABSENTEE BALLOT TO MY SPECIFIED ADDRESS BELOW:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Note:** This request must be received by the 2018 Zuni Tribe Election Board on or before  
**November 29, 2018** to allow sufficient time to forward your absentee ballot. There will be an  
ABSENTEE BALLOT receiving box at the Zuni Post Office for walk-in as well and should be  
received on or before **December 14, 2018**.

**Please return your REQUEST to:**  
**Zuni Tribal Election Office**  
**P.O. Box 339**  
**Zuni, NM 87327**

**Email Request:**  
**[Election.Board@ashiwi.org](mailto:Election.Board@ashiwi.org)**

Zuni Tribal Election Board: Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Date Mailed: \_\_\_\_\_ Entered by: \_\_\_\_\_

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_

**PUEBLO OF ZUNI  
ZUNI ELECTION BOARD**



**VOTER REGISTRATION**

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

This is an application for:  New Registration  Change\*\*

If this is an application for a CHANGE (correction) check in each  containing corrected information.

Name:	LAST	FIRST	MIDDLE
<input type="checkbox"/>			

Former Name or Maiden Name: (Complete only if this is a name Change)

Gender: <input type="checkbox"/>	Date of Birth: <input type="checkbox"/>	Census Number:	Social Security Number:	Phone Number: <input type="checkbox"/>
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Mailing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address:

Temporary Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby certify that I meet the following requirements under the Pueblo of Zuni Tribal Registration Eligibility Requirements:

- 1 I am 18 years of age.
- 2 I am an enrolled member of the Zuni Indian Tribe.

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

(Circle One)				
Eligibility Requirements:	Met	Not Met		If eligibility requirements were not met, please state reasons why: _____
Person taking application; sign and print name				_____
(Election Board Member/Census Director)				_____

Entered into Computer by:

\_\_\_\_\_  
Signature \_\_\_\_\_  
Print Name Date

**\*\*If changing name, please provide the Census Office with official documents relating to change of name, (i.e. Order for Name Change, Marriage License, Divorce Decree, Birth Certificate)**