



Confederated Tribes of the Umatilla Indian Reservation

ELECTION COMMISSION

46411 Timine Way, Pendleton, OR 97801

Absentee Ballot Request Form 2025

Dear Tribal Member,

If you are unable to vote in person, you may submit this Absentee Ballot Request Form to receive an absentee ballot. Please call 541-276-3165 with questions or alternative ways to send in form. Email to: tec@ctuir.org

Instructions: Completely fill out form. Qualified Voters who return an Absentee Ballot Request form that reside outside the 97801 zip code shall receive absentee ballots for every Special and General Elections until such time as the voter rescinds this request in writing **Notarized signature is not required.**

Qualified Voters that live within the 97801 zip code and would like to receive absentee ballots for **every** Tribal election will need to have absentee request form **notarized** otherwise you will only receive an absentee ballot for each upcoming General Election or Special Election for which the absentee ballot is requested.

When you have completed the form you must return to the Election Commission either by mail, fax, scan and send or in person to an Election Commission Member. Please mail Absentee Ballot Request Form to: *CTUIR Election Commission 46411 Timine Way, Pendleton, OR 97801*

The Election Commission encourages you to have a current address with the Tribal Enrollment Office to receive an absentee ballot for Special or General Elections.

To change/update your address, contact the Tribal Enrollment Office at: enrollment@ctuir.org or 541-276-3165 for all other Tribal business.

I, _____, am requesting an absentee ballot for the upcoming General Election to be held November 4, 2025.

☐ By checking this box, I am requesting to receive Absentee Ballots for all General and Special Elections, until I revoke this request in writing. *Otherwise, this is a ONE-TIME request.*

Signature

Enrollment Number: _____

Address: _____

City, State, Zip: _____

Subscribed and sworn to before me this, _____ Day of _____, _____.

Notary Public for State of: _____

My Commission expires on: _____