☐ I request an abser			-
Voting District: District 1 Cloquet	☐ District	2 Sawyer	☐ District 3 Brookston
Name:			
Birthdate:			
Tribal ID# (if known):			
Signature:			_ Date:
Please send the ball		•	
S			
City:			
Physical address (if different from mailing):			
City:	_ State:	_ Zıp:	
Optional:			
home phone			
email			