

Request No. \_\_\_\_\_  
Clerk's Initials: \_\_\_\_\_

**REQUEST FOR ABSENTEE BALLOT  
Klamath Irrigation District**

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

The undersigned represents under penalty of perjury that I am an elector entitled to vote in the Klamath Irrigation District.

I request an absentee ballot for the October 12, 2016, election of the Director from my Division be mailed to (please print):

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

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

Telephone Number: \_\_\_\_\_

Print Name of Elector/Landowner: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail or deliver to: **Klamath Irrigation District  
6640 KID Lane  
Klamath Falls, OR 97603**

The ballot will be mailed to you as soon as available, or you may pick it up at the KID office. If your request is received within 5 days of the election the ballot will not be mailed and you will need to pick up the ballot at the District office. The completed ballot must be received in the District office by 8:00 P.M. PST on October 12, 2016 to be counted.

For Office Use Only:

Map/Tax Lot # \_\_\_\_\_ Acres \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request received: \_\_\_\_\_ Acreage/Weighted Votes: \_\_\_\_\_ Ballot #: \_\_\_\_\_

Ballot(s) mailed/picked up on: \_\_\_\_\_ by: \_\_\_\_\_