

Request No. _____
Clerk's Initials: _____

**REQUEST FOR ABSENTEE BALLOT - DIVISION: 3
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 November 7, 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 November 7, 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: _____ | | |