



Little Traverse Bay Bands of Odawa Indians

**ELECTION BOARD**

[ElectionBoard@LtbbOdawa-nsn.gov](mailto:ElectionBoard@LtbbOdawa-nsn.gov)

P.O. Box 160, Conway, MI 49722

**BALLOT REPLACEMENT REQUEST FORM**

**Pursuant to Tribal Elections Regulations, section XIX. Ballot Replacement**

- A. If a ballot is spoiled, lost or otherwise cannot be used, a registered voter may request a replacement ballot. The requester must complete and sign a Replacement Ballot Request form stating the reason(s) why a replacement ballot is requested.
- B. The Replacement Ballot Request form is available on the Election Board webpage and may be submitted in person at an Election Board meeting, work session or office hours, or emailed to the Election Board or sent by postal mail. The form must be received by the Election Board no less than ten (10) days prior to the Election Date.
- C. Every effort will be made by the Election Board to replace the ballot. Replacement ballots may be mailed to the requester up to seven (7) days prior to the Election Date.

I, \_\_\_\_\_ ,  
(Name of Requester)

attest that I am a Registered Voter of the Little Traverse Bay Bands of Odawa Indians. I am requesting a Replacement Ballot for Election Date\_\_\_\_\_ because (check one):

I moved and have not updated my address with the Enrollment Department.

I am temporarily away from home for an extended leave and cannot retrieve the ballot that was mailed to my home address.

I received a ballot, however it was misplaced or damaged and cannot be used for the purposes of voting.

I did not receive a ballot at my current address that is on file with the Enrollment Department.

Please mail the Replacement Ballot to me at the following address:

\_\_\_\_\_  
Mailing Address (Street Address/P.O. Box, City, State, Zip Code)

Tribal Enrollment Number: \_\_\_\_\_

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

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