HOLIDAY ISLAND SUBURBAN IMPROVEMENT DISTRICT ABSENTEE BALLOT REQUEST

l,			, as record own	er of
(Please Print)				
			, Holiday Island, Arkansas oard of Commissioner election	
Mail requested	d absentee ballot	to:		
Mailing Addres	ss (Please Print)			
	Code (Please Prin	nt)		
Requestor's Si	gnature			
Date				

This form must be completed and signed by the eligible voter. The signed ballot request must be delivered to the District Office, 110 Woodsdale Drive, Holiday Island, Arkansas 72631 or scanned as an attachment to **mclave@holidayisland.us**. Upon receipt of qualifying request (name and signature must match up with owner of record), an absentee ballot will be mailed to above address. Please consider mail time when requesting and returning your ballot; ballots must be received by the District Office, in the official absentee ballot envelope, by 6pm on Election Day.