

HOPI ELECTIONS
P.O. BOX 553
KYKOTSMOVI, AZ 86039

Phone: 1-928-734-2507/2508 Fax: 1-928-734-1257

Email: hopielections@hopitelecom.net
or kshupla@hopi.nsn.us

HOPI TRIBAL VOTER INFORMATION FORM

First Name _____ Middle Name _____

Last Name _____ Maiden Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ Date of Birth ____/____/____

Enrollment Number _____ Village Affiliation _____ Male ____ Female ____

Social Security Number _____ Telephone # _____
Last Four Digits _____

Father's Name: _____ Mother's Maiden Name: _____

I Prefer To Vote By Absentee Ballot in the 2017 Chairman & Vice Chairman Election : ____YES ____NO
Primary Election _____ General Election _____

The above information is correct to the best of my knowledge. I affirm that I am 18 years of age or older and not enrolled with another tribe.

Signature of Voter

Date

HOPI ENROLLMENT OFFICE USE ONLY

Voter Eligible _____ Voter Ineligible: _____ Reason: _____

Mary L. Polacca, Enrollment Director- Hopi Tribe

Date