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TDD: 711
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Kaycee Stratton
Chief Deputy Recorder

Sadie Jo Bingham

Gila County Recorder

General Election Ballot Request

Name: _____

Date of Birth: _____

Mailing Address:
(Where to mail your ballot): _____

Phone: _____

Received By

Date

In Office Use Only:

Requested:

_____ Office

_____ Telephone

Voter ID # _____