

PHONE NO.

Please provide VOTER'S phone number for any inquiries



( \_\_\_\_\_ ) \_\_\_\_\_

Voter's Signature (Power of attorney is not acceptable):

SIGN HERE



I CERTIFY THAT I AM A UNITED STATES CITIZEN AND THE STATEMENTS IN THIS ABSENT VOTER BALLOT APPLICATION ARE TRUE

X

(SIGNATURE OF ABSENT VOTER)

(DATE)

WARNING: You must be a United States citizen to vote. If you are not a United States citizen, you will not be issued an absent voter ballot. A person making a false statement in this absent voter ballot application is guilty of a misdemeanor. It is a violation of Michigan election law for a person other than those listed in the instructions to return, offer to return, agree to return, or solicit to return your absent voter ballot application to the clerk. An assistant authorized by the clerk who receives absent voter ballot applications at a location other than the clerk's office must have credentials signed by the clerk. Ask to see his or hers credentials before entrusting your application with a person claiming to have the clerk's authorization to return your application.

NOTE: Michigan law requires that A.V. Ballots be sent to your registered address unless you are hospitalized, institutionalized, or at an address outside of your community. Complete the following ONLY if you want your ballot(s) sent to an address outside of your community or to a hospital or other institution.

<b>Primary</b>		<b>General</b>	
Date leaving for this address: / /	Street Address	Date leaving for this address: / /	Street Address
Date of return: / /	City State Zip	Date of return: / /	City State Zip

CLERK'S USE ONLY

PRIMARY

Ballot No: \_\_\_\_\_

Wd/Pct: \_\_\_\_\_

Mailed: \_\_\_\_\_ Returned: \_\_\_\_\_

Filed: \_\_\_\_\_

Clerk: \_\_\_\_\_

GENERAL

Ballot No: \_\_\_\_\_

Mailed: \_\_\_\_\_ Returned: \_\_\_\_\_

Clerk: \_\_\_\_\_

(DO NOT DETACH)

SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS AND WARNINGS

WARD/  
PRECINCT

Application to Vote - Poll List  
(Absent Voter)



PRIMARY ELECTION

GENERAL ELECTION

I hereby certify that I am a registered and qualified elector in the ward and precinct above and hereby make application to vote at the above indicated election.

ELECTION INSPECTOR COMPLETES
ELEC. INSP. INITIAL
BALLOT NO.
BALLOT TYPE
VOTER NO.

PRINT NAME:

RESIDENCE ADDRESS

DATE OF BIRTH:

SIGN HERE X

SIGNATURE OF VOTER