

Complete and return to:

Application for Absent Voter's Ballot

Approved by _____

Check reason(s) why you are requesting ballot. If a reason is not checked for an election, an absentee ballot will not be issued for that election.

WARNING: A person who makes a false statement in this Declaration is guilty of a misdemeanor.

PHONE NO.

Please provide VOTER'S phone number for any inquiries

(_____) _____

CHECK REASON FOR REQUESTING AV BALLOT HERE



- I am 60 years of age or older.
- I expect to be absent from the community in which I am registered for the entire time the polls are open on election day.
- I am physically unable to attend the polls without the assistance of another.
- I cannot attend the polls because of the tenets of my religion.
- I have been appointed an election precinct inspector in a precinct other than the precinct where I reside.
- I cannot attend the polls because I am confined to jail awaiting arraignment or trial.

SIGN HERE



X

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

(SIGNATURE OF ABSENT VOTER)

_____/_____/_____
(DATE)

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 ballot applications at a location other than the clerk's office must have credentials signed by the clerk. Ask to see his or her credentials before entrusting your application with a person claiming to have the clerk's authorization to return your application.

SEND ELECTION BALLOT TO: (Complete ONLY if you want your ballot sent to an address outside of your community, to a hospital or other institution)

(NO.) (STREET)

(CITY) (STATE) (ZIP)

(Clerk's Use Only)

Filed: ____/____/____ Mailed: ____/____/____ Returned: ____/____/____

Wd/Pct: _____ Ballot No: _____ Clerk: _____

(DO NOT DETACH)

SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS AND WARNINGS

**WARD/
PRECINCT**

Application to Vote - Poll List
(Absent Voter)

**DATE OF
ELECTION**

INSTRUCTIONS TO ELECTION INSPECTORS
Place this in binder with other Applications to Vote

ELECTION INSPECTOR COMPLETES

ELEC. INSP. INITIAL

PRINT NAME:

RESIDENCE ADDRESS

BALLOT STYLE

DATE OF BIRTH: _____

BALLOT NO.

I certify that I am a United States citizen and a registered and qualified elector in this precinct, and hereby make application to vote at this election.

VOTER NO.

SIGN HERE



X

SIGNATURE OF VOTER