APPLICATION FOR ABSENT VOTER BALLOT

FOR THE _____ **ELECTION**

    TO BE HELD ON _____ **, 20** _____

I, _____ , a duly qualified and registered
          (Print Name)

☐ City   ☐ Village
elector in the _____ Ward _____ Precinct of the ☐ Township   ☐ School District of

_____ in the County of _____
(Name of City, Township, Village or School District)

and State of Michigan, hereby make application for an official ballot, or ballots, to be voted by me
at such election.

***CHECK REASON WHY YOU ARE REQUESTING BALLOT(S). IF A REASON IS NOT CHECKED
AN ABSENTEE BALLOT WILL NOT BE ISSUED.***

☐ 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 am 60 years of age or older.

☐ I cannot attend the polls because I am confined to jail awaiting arraignment or trial.

I DECLARE THE FOREGOING STATEMENT TO BE TRUE

SIGN HERE ➡ _____ ___/___/___
                    (Signature of Absent Voter)   (Date)

**WARNING: A person making a false statement in this absent voter ballot application is guilty of
a misdemeanor.**

**NOTE: MICHIGAN LAW REQUIRES A.V. BALLOTS TO BE SENT TO YOUR REGISTERED ADDRESS
UNLESS YOU ARE HOSPITALIZED, INSTITUTIONALIZED, OR AT AN ADDRESS OUTSIDE OF YOUR
COMMUNITY. COMPLETE THE FOLLOWING ADDRESS ONLY IF YOU WANT YOUR BALLOT(S) SENT
TO AN ADDRESS OUTSIDE OF YOUR COMMUNITY OR TO A HOSPITAL OR OTHER INSTITUTION.**

Send "Absent Voter Ballot" to me at _____
                                (Number)   (Street)

_____ _____ _____
     (City)   (State)   (Zip)

My registered address is _____
                               (Number)   (Street)

(CLERK'S RECORD - FOR CLERK'S USE ONLY)	
Date Filed _____ 20____	Ballot No. _____
Date Mailed _____ 20____	Ward/Precinct No. _____
Date Returned _____ 20____	Clerk _____

DO NOT DETACH

APPLICATION TO VOTE – POLL LIST
(ABSENT VOTER)

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

SIGN HERE ➡ _____
                    (Signature of Absent Voter)

PRINT NAME: _____ _____
                                       (Date of Birth)

_____
(Present Street Address)

INSPECTORS USE ONLY	
	_____
	Voter No.
_____	_____
Date of Election	**Ward/Precinct No.**
_____	_____
Ballot No. Issued	Inspector Initials