

Application for Absent Voters Ballot

FOR THE _____ ELECTION

TO BE HELD ON _____
(Date)

I, _____,
(Print Name)

elector of the _____ 1 _____ Ward _____ 1 _____ Precinct of the _____ TOWNSHIP
(Township, Village or City)

of _____ BATES _____ in the County of _____ IRON _____ and
(Name of Township, Village or City)

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.

Please provide VOTER'S phone number for any inquiries (_____)
(Phone No.)

I certify that I am a United States citizen and the statements in this absent voter ballot application are true.

**SIGN
HERE**



X

(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.

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.

SEND ELECTION BALLOT TO ME AT:

MY REGISTERED ADDRESS IS:

(No.) (Street)

(No.) (Street)

(City / Post Office) (State) (Zip)

(City / Post Office) (State) (Zip)

(FOR CLERK'S USE ONLY) CLERK'S RECORD

Filed _____ Ballot No. _____ Ward/ Precinct No. _____

Mailed _____ Returned _____

Clerk _____

SEE BACK FOR ADDITIONAL INSTRUCTIONS

Application to Vote—Poll List

(Absent Voter)

Ward _____

DATE OF ELECTION _____

Precinct _____

PRINT NAME: _____
DATE OF BIRTH: _____
RESIDENCE ADDRESS _____

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.

**SIGN
HERE**



X

SIGNATURE OF VOTER

**ELECTION
INSPECTOR
COMPLETES**

ELEC. INSP. INITIAL

BALLOT STYLE

BALLOT NO.

VOTER NO.