

## VOTER SIGN HERE

I certify that I am a **United States citizen** and that the statements in this Absent Voter Ballot application are true.

Power of attorney is not acceptable

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 her credentials before entrusting your application with a person claiming to have the clerk's authorization to return your application.

Signature

|   | <b>Contact Information</b>   | for Question         | ns   |                           |  |                           |   |                                       |                      |
|---|--|----------------------|--|---------------------------|--|---------------------------|---|---------------------------------------|----------------------|
| <b>N</b>                                | ( )  |                      |  |                           |  |                           |   |                                       |                      |
| 2                                       | Phone  | E                    | mail   |                           |  |                           |   |                                       |                      |
| Complete                                | COMPLETE ONLY IF Y   | OU WANT Y            | OUR BALLOT                                     | SENT 1                    | O A TEMP                                   | ORARY ADDR                | ESS (PLEASE                             | PRINT)                                | N. S.                |
|   | Date Leaving For Temporary Address   |                      |  |                           |  |                           |   |                                       |                      |
|   | //   | Temporary<br>Address |  |                           |  |                           |   |                                       |                      |
|   | Date of Return   |                      |  |                           |  |                           |   |                                       |                      |
|   | //   | City                 |  |                           |  | State                     | Z                                       | Zip                                   |                      |
|   | NOTE: Michigan law requires that A.V. the following ONLY if you want your be | Ballots be sent to y | our registered addres<br>dress outside of your | s unless you<br>community | are hospitalized, i<br>or to a hospital or | nstitutionalized, or at a | n address outside<br>entee ballots will | of your community<br>not be forwarded | . Complet<br>by USPS |
|   |  |                      | CLERK'S  | SUSE                      | ONLY                                       |                           |   |                                       |                      |
| Wd/Pct:                                 |  | Mai                  | led:   | /                         | /  | Returned:                 | /                                       | /                                     |                      |
| Filed:                                  | /  | Ball                 | ot No:   |                           |  | Clerk:                    | П                                       |                                       |                      |
| (DO NOT DE                              | TACH) www.PrintingSys  | tems.us (800) 95     | 5-12345 (02/19) <b>FC</b>                      | RM #575                   |  | SEE REVERSE               | SIDE FOR ADD                            | TIONAL INSTR                          | JCTION               |
|   | PRECINCT   |                      |  | •                         | DATE OF<br>ELECTION                        |                           | RETURN 1<br>TO YOUR                     | THIS APPLIC<br>LOCAL CLEF             | ATION<br>RK.         |
| Complete                                | /  |                      |  |                           | t No.:                                     |                           |   |                                       |                      |
| Date of Birth (I                        | Month/Day/Year)  |                      |  | Vote<br>(Poll             | r No.:<br>Book)                            |                           |   |                                       |                      |
|   | me Address of Absent Voter<br>at I am a United States citizen and a          | a registered and     |  |                           |  |                           |   |                                       |                      |
| qualified el<br>vote at this<br>SIGN HI | ector in this precinct, and hereby ma<br>s election.                         | ke application to    | Approved –                                     |                           |  |                           |   |                                       |                      |

(Inspector of Election)

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

## INSTRUCTIONS FOR ABSENT VOTER BALLOTS APPLICANTS

- Step 1. After completely filling out the application, sign and date the application in the place designated. Your signature must appear on the application or you will not receive an absent voter ballot.
- Step 2. Deliver the application by one of the following methods:
  - (a) Place the application in an envelope addressed to the appropriate clerk and deposit it in the United States mail or with another public postal service, express mail service, parcel post service, or common carrier. Proper postage required.
  - (b) Deliver the application personally to the clerk's office, to the clerk, or to the clerk's authorized assistant.
  - (c) In either (a) or (b), a member of the immediate family of the voter including a father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandparent, or grandchild or a person residing in the voter's household may mail or deliver the application to the clerk for the applicant.
  - (d) If an applicant cannot return the application in any of the above methods, the applicant may select any registered elector to return the application. The person returning the application must sign and return the certificate below.

| ONLY FILL THIS OUT IF ASSISTING   | A VOTER -            |  |  |  |  |  |  |  |  |
|---|----------------------|--|--|--|--|--|--|--|--|
| Certificate of Authorized Registered Elector Returning Absent Voter Ballot Application            |                      |  |  |  |  |  |  |  |  |
| I certify that my name is   | , date of birth is// |  |  |  |  |  |  |  |  |
| and my address is   | ;                    |  |  |  |  |  |  |  |  |
| that I am delivering the absent voter ballot application of                                       |                      |  |  |  |  |  |  |  |  |
| SIGN ONLY IF YOU ARE THE PERSON ASSISTING THE VOTER Signature of Person Assisting Voter Sign Here |                      |  |  |  |  |  |  |  |  |