

MAIL-IN

THE FOLLOWING FORM MAY BE USED FOR NEW REGISTRATIONS OR TO CHANGE ADDRESS WITHIN THE JURISDICTION.

NAME CHANGES MUST BE MADE AT A SECRETARY OF STATE OFFICE.

MICHIGAN VOTER REGISTRATION

FOR: New Registrations • Changes of Address

(Please print in ink)

Name _____
 First Middle Last P.O. Box _____
 Address _____ Apt. No. _____
 Street Number and RR if any
 City _____ MI Zip _____
 SEX M Birth / / I live in the
 F Date / / County of _____
 I live in the City or
 Township of _____
 Phone No. School District
 (optional) (if known) _____

IMPORTANT: Are you still registered to vote at your last address? If you are or don't know, enter your last address below. Enter "NONE" if you are not registered at your last address.

Today's date _____

Address _____ Zip _____
 City or
 Township of _____ County _____ State _____

Under name of _____

I CERTIFY I AM A CITIZEN OF THE UNITED STATES: I am a resident of the city or township in which I wish to register; and I am or will be by the date of the next election at least 18 years old and a 30-day resident of Michigan. I understand if qualified, I will be entitled to vote in any election held in my jurisdiction of registration 30 or more days from today's date. I further understand that this application is not valid until accepted by the local clerk. I authorize the cancellation of any registration which I currently hold in another jurisdiction.

_____/_____/_____/_____/_____
Michigan Driver License Number or Personal Identification Number

X _____ / /
Signature of Applicant Date

X _____ / /
Signature of Applicant Date

MAIL TO: SUMMIT TOWNSHIP CLERK
2121 FERGUSON ROAD
JACKSON MI 49203

ADDITIONAL REGISTRATION AND/OR CHANGE LOCATIONS: LOCAL CLERK
SECRETARY OF STATE
AGENCIES SERVING DISABLED
PUBLIC ASSISTANCE AGENCIES
ARMED FORCES RECRUITMENT

REGISTRATION REQUIREMENTS: * RESIDENT OF CITY OR TOWNSHIP
* 30-DAY RESIDENT OF MICHIGAN
* 18 YEARS OF AGE BY DATE OF ELECTION
* U.S. CITIZEN

* 30 DAY REGISTRATION DEADLINE PRIOR TO ELECTION *