

Complete and return to:

Application for Absent Voter's Ballot

Approved by _____

Summit Township
2121 Ferguson Road
Jackson, MI 49203

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

INSTRUCTIONS FOR
APPLICANTS FOR ABSENT VOTER BALLOTS

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 place the necessary postage upon the return envelope and deposit it in the United States mail or with another public postal service, express mail service, parcel post service, or common carrier.
- (b) Deliver the application personally to the clerk's office, to the clerk, or to an authorized assistant of the clerk.
- (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.

**CERTIFICATE OF AUTHORIZED REGISTERED ELECTOR
RETURNING ABSENT VOTER BALLOT APPLICATION**

I certify that my name is _____

my address is _____

and my date of birth is ____/____/____; that I am delivering the absent voter ballot application of _____

at his or her request; that I did not solicit or request to return the application; that I have not made any markings on the application; that I have not altered the application in any way; that I have not influenced the applicant; and that I am aware that a false statement in this certificate is a violation of Michigan election law.

Date

Signature

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