

Sharon Tischler, Clerk
SOUTHFIELD TOWNSHIP
 18550 W. Thirteen Mile Road
 Southfield Twp., MI 48025-5262



NON-PROFIT ORGANIZATION
 U.S. POSTAGE
PAID
 TAYLOR, MI
 PERMIT NO. 107

FORWARDING SERVICE REQUESTED

OFFICIAL ELECTION MATERIAL
ABSENT VOTER APPLICATION

DO NOT DETACH - RETURN ENTIRE FORM

NAME:

ADDRESS:

APPLICATION FOR ABSENT VOTER'S BALLOT

1 Check One
 BOTH **PRIMARY ELECTION** **GENERAL ELECTION**
 ELECTION DATES **DATE: AUG. 7, 2018** **DATE: NOV. 6, 2018**

I am a United States citizen and a qualified and registered elector in the TOWNSHIP OF SOUTHFIELD, County of OAKLAND, State of Michigan. I hereby make application for an official ballot, to be voted by me at the election indicated above.

CHECK REASON BELOW FOR REQUESTING AN ABSENT VOTER'S BALLOT

For Primary Election I am 60 years of age or older.
 I am physically unable to attend the polls without assistance of another.
 I have been appointed an election precinct inspector in a precinct other than the precinct where I reside.
 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 cannot attend the polls because of the tenets of my religion.
 I cannot attend the polls because I am confined to jail awaiting arraignment or trial.

WARNING: A PERSON WHO MAKES A FALSE STATEMENT IN THIS DECLARATION IS GUILTY OF A MISDEMEANOR.

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

3 Sign/Date
VOTER SIGN HERE **X**
 Signature of Absent Voter _____ Date ____/____/____

NOTE: Michigan law requires that A.V. Ballots be sent to your registered address unless you are hospitalized, institutionalized, or at an address outside of your community. Complete the following ONLY if you want your ballot sent to an address outside of your community or to a hospital or other institution. Absentee ballots will not be forwarded by USPS.

COMPLETE ONLY IF YOU WANT YOUR BALLOT SENT TO A TEMPORARY ADDRESS (PLEASE PRINT)

5 Complete
SEND PRIMARY BALLOT TO:
 Date Leaving For Address _____ City _____ State _____ Zip _____
SEND GENERAL BALLOT TO:
 Date Leaving For Address _____ City _____ State _____ Zip _____

SEE REVERSE SIDE FOR INSTRUCTIONS

FOR CLERK'S USE ONLY

	PRIMARY	GENERAL
Filed		
Mailed		
Ballot #		
Returned		
Wd./Pct. #		
Clerk		

4 Complete
DATE OF BIRTH ____/____/____

5 Complete
VOTER CONTACT INFO
 Phone (____) _____
 Email _____

6 Complete if needed
SEND PRIMARY BALLOT TO:
 Date Leaving For Address _____ City _____ State _____ Zip _____
SEND GENERAL BALLOT TO:
 Date Leaving For Address _____ City _____ State _____ Zip _____