



FORWARDING SERVICE REQUESTED

OFFICIAL ELECTION MATERIAL
ABSENT VOTER APPLICATION

DO NOT DETACH - RETURN ENTIRE FORM

APPLICATION FOR ABSENT VOTER'S BALLOT

1
Check One

BOTH	PRIMARY ELECTION	GENERAL ELECTION
<input type="checkbox"/> ELECTION DATES	<input type="checkbox"/> DATE: AUG. 7, 2018	<input type="checkbox"/> DATE: NOV. 6, 2018

SEE REVERSE SIDE FOR INSTRUCTIONS

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

FOR CLERK'S USE ONLY

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

2
Check Reason

CHECK REASON BELOW FOR REQUESTING AN ABSENT VOTER'S BALLOT

For Primary Election <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	For General Election <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> I am 60 years of age or older. <input type="checkbox"/> I am physically unable to attend the polls without assistance of another. <input type="checkbox"/> I have been appointed an election precinct inspector in a precinct other than the precinct where I reside. <input type="checkbox"/> I expect to be absent from the community in which I am registered for the entire time the polls are open on election day. <input type="checkbox"/> I cannot attend the polls because of the tenets of my religion. <input type="checkbox"/> I cannot attend the polls because I am confined to jail awaiting arraignment or trial.
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WARNING: A PERSON WHO MAKES A FALSE STATEMENT IN THIS DECLARATION IS GUILTY OF A MISDEMEANOR.

3
Sign/Date

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

VOTER SIGN HERE _____ Date / /

Signature of Absent Voter

4
Complete

DATE OF BIRTH

____ / ____ / ____

6
Complete If Needed

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.**

5
Complete

VOTER CONTACT INFO

Phone (____) _____

Email _____

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

SEND PRIMARY BALLOT TO: Date Leaving For Temporary Address _____ Address _____ / / City _____ State _____ Zip _____		SEND GENERAL BALLOT TO: Date Leaving For Temporary Address _____ Address _____ / / City _____ State _____ Zip _____	
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TAPE ONLY HERE
(DO NOT STAPLE)

TAPE ONLY HERE
(DO NOT STAPLE)

First
Class
Postage
Required

FOLD OVER SO THAT THIS SIDE SHOWS, THEN TAPE BOTH AREAS SHOWN

CITY OF FARMINGTON
CITY CLERK'S OFFICE
23600 LIBERTY STREET
FARMINGTON, MI 48335-3572



DO NOT DETACH ▲ FOLD HERE ▲

▲ FOLD HERE ▲ DO NOT DETACH

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) Fold this application so the clerk's name and address appears and seal in the area shown or place this application in an envelope addressed to the appropriate clerk and deposit either the folded card or the envelope in the United States mail or with another public postal service, express mail service, parcel post service, or common carrier. Proper postage is required.
 - (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 the certificate below.**

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.

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 _____ 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.

SIGN ONLY IF YOU ARE THE PERSON ASSISTING THE VOTER ▶ X

Person Assisting Voter Sign Here
Date ____/____/____