

Complete and return to:

Application for Absent Voter's Ballot

Approved By _____

City Clerk's Office, 226 North Michigan Avenue, Big Rapids, MI 49307

FOR THE _____ ELECTION TO BE HELD ON _____, 20_____

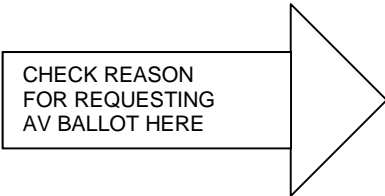
I, _____, a duly qualified and registered elector in the _____ Precinct of the City of Big Rapids, in the County of Mecosta, and State of Michigan, hereby make application for an official ballot, or ballots, to be voted by me at such election.

Registered Address: _____

*** Check reason(s) why you are requesting a ballot. If a reason is not checked for an election, an absentee ballot will not be issued for that election.

Big Rapids, MI 49307

WARNING: A person who makes a false statement in this Declaration is guilty of a misdemeanor.



- 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 →	I declare the foregoing statement(s) to be true
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.

DO NOT COMPLETE UNLESS YOU WANT BALLOT SENT TO OTHER THAN YOUR REGISTERED ADDRESS

I will not be at my registered address, therefore send "Absent Voter Ballot" to me at:

(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

APPLICATION TO VOTE – POLL LIST -(ABSENT VOTER)

I hereby certify that I am a registered and qualified elector in the ward and precinct above and hereby make application to vote at the above indicated election.

→ X _____
(Signature of Absent Voter)

(PLEASE PRINT FULL NAME)

(Date of Birth)

(Present Street Address)

INSPECTORS USE ONLY	
Date of Election	Voter No.
Ballot No. Issued	Ward/Precinct No.
	Inspector Initials

