

MARSHALL TOWNSHIP
13551 Myron Avery Dr.
Marshall, MI 49068
TL(269) 781-7976
FX(269) 781-4403
marshall_twp@sbcglobal.net

PERMANENT ABSENTEE LIST REQUEST

I am over 60 years of age and/or unable to come to the polls without assistance. Please place my name on the Marshall Township Permanent Absent Voter List.

This will allow the Clerk to automatically mail for all elections a Voter Application for an Absentee Ballot.

Please Print:

NAME _____

ADDRESS _____ ZIP _____

Print this form, complete and mail to the above address, fax to above number or email to above address.



Please Print Name _____

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.

Address _____ ZIP _____

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

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.

I declare the foregoing statement(s) to be true

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.

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: _____

PRINTING SYSTEMS • 1-800-95-12345 • FORM NO. 575 SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS AND WARNINGS (DO NOT DETACH)

WARD/PRECINCT

Application to Vote - Poll List (Absent Voter)

DATE OF ELECTION

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.

Ballot No.: _____

Voter No.: _____ (Poll Book)

Date of Birth _____ (Month/Day/Year)

(PLEASE PRINT FULL NAME)

SIGN HERE → X _____
 (SIGNATURE OF ABSENT VOTER)

Approved - _____

(REGISTERED HOME ADDRESS OF ABSENT VOTER)

(INSPECTOR OF ELECTION)

INSTRUCTIONS TO ELECTION INSPECTORS - Place this in binder with other Applications to Vote

Mail to:

Marshall Township
 Cynthia Sink, Clerk
 13551 Myron Avery Dr.
 Marshall, MI 49068

OR

Fax to: 269 781 4403

OR

Scan and Email to:
 marshall_twp@sbcglobal.net