

COMPLETE ALL areas as required. SIGN and RETURN by USPS mail, FAX OR hand deliver to:
 CHARTER TOWNSHIP OF INDEPENDENCE-ELECTIONS
 6483 Waldon Center Dr. - P.O. Box 69
 Clarkston, Michigan 48347
 248-625-5113
FAX: 248-625-2585

APPLICATION FOR ABSENT VOTER'S BALLOT
ELECTION DATE: Tuesday, May 8, 2012

IMPORTANT:
DO NOT FORWARD BY E-MAIL. The voter's signature is required on the application to issue a ballot. SEE further instructions on the reverse side of this application

ELECTION INFORMATION:
www.twp.independence.mi.us/Services/TownshipClerk/ElectionInfo.asp

As a duly qualified and registered elector in the CHARTER TOWNSHIP OF INDEPENDENCE, County of OAKLAND, State of MICHIGAN, I hereby make application for an official ballot, to be voted by me at the election indicated above.

ENTER the name and address that you are currently registered under:

NAME: (PLEASE PRINT) _____
 ADDRESS: _____
 CLARKSTON, MICHIGAN _____
 (Zip) _____

FOR CLERK'S USE ONLY	
Filed:	_____
Mailed:	_____
Ballot #:	_____
Returned:	_____
Pct. #:	_____
Issued by:	_____

Check reason why you are requesting a ballot:

- I am 60 years of age or older.
- I am physically unable to attend the polls without the assistance of another.
- I am an appointed precinct worker in a precinct other than the precinct where I reside.
- 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.
- I expect to be absent from the community in which I am registered for the entire time the polls are open on election day.

DATE OF BIRTH
/ /

Are you a United States Citizen? Yes or No

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

SIGN HERE 

I declare the foregoing statements to be true.

X _____ / /
 Signature of Absent Voter Date

*****IMPORTANT*****

Michigan Election law requires that AV Ballots be sent to your registered address unless you are hospitalized or at an address outside of your community. **COMPLETE THE FOLLOWING ONLY** if you want your ballot sent to an address **outside** your community other than your registered address, or to a hospital, or other institution.

I WILL BE ABSENT FROM THE COMMUNITY BETWEEN THESE DATES:		From:	Thru:
FORWARD MY BALLOT TO THE BELOW ADDRESS:		Additional Voter Contact Information	
Please Print	Address: _____	Home Phone: () -	
	City: _____ State: _____ Zip: _____	Cell Phone: () -	
		E-mail: _____	

INSTRUCTIONS FOR APPLICANTS FOR ABSENTEE 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 Charter Township of Independence - Elections – 6483 Waldon Center Dr. – P.O. Box 69 – Clarkston, Michigan 48347 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.

OR

b) Deliver the application personally to the Office of the Clerk, to the Clerk, or to an authorized assistant of the Clerk.

OR

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, grandchild, or a person residing in the voter's household may mail or deliver the application to the clerk for the applicant.

OR

d) In the event 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.

A person returning this application on behalf of the voter must sign the certificate below. This requirement does not apply to the voter requesting the ballot or any authorized person as listed under Step 2. c.

<p style="margin: 0;">➔</p> <p style="margin: 0;">ONLY FILL THIS OUT IF ASSISTING A VOTER</p>	<p style="text-align: center;">CERTIFICATE OF AUTHORIZED REGISTERED ELECTOR RETURNING ABSENTEE VOTER APPLICATION</p> <p>I certify that my name is _____</p> <p>my address is _____ and my date of birth is ____ / ____ / ____ ;</p> <p>that I am delivering the absentee voter ballot application of _____ at his/her request; that I did not solicit or request to return the application; that I have not made any markings on 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 Michigan election law.</p> <p style="text-align: center;">X _____</p> <p style="text-align: center;">SIGNATURE DATE</p> <p style="text-align: center;"><u>WARNING</u></p> <p>A person making a false statement in this absentee 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 above instructions to return, offer to return, agree to return, or solicit to return your absentee voter ballot application to the clerk. An assistant authorized by the clerk who receives absentee voter ballot applications at a location other than the office of the clerk 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.</p>
--	---

FOR YOUR CONVENIENCE

**A 24 HOUR DROP BOX IS LOCATED ON
THE WEST SIDE OF TOWNSHIP HALL**