Complete ALL areas as required. SIGN and RETURN by USPS mail, FAX, or HAND DELIVER to:

Troy City Clerk
500 W. Big Beaver Rd.
Troy, MI 48084-5285

Phone: 248.524.3316
Fax: 248.524.1770
Website: www.troymi.gov/elections

APPLICATION FOR ABSENT VOTER'S BALLOT

Warren Consolidated School Election
Tuesday, May 3, 2016

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

I am a United States Citizen and a qualified and registered elector in the City of Troy, County of Oakland, State of Michigan, I hereby apply for an official ballot, to be voted by me at the election requested on this application.

APPLICANT REGISTRATION INFORMATION:

DATE OF BIRTH
/ /

First Name _____ M.I. ____ Last Name _____

Street Address _____ Troy, MI Zipcode _____

The reason for my request is (required):

- ☐ 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.

CLERK'S USE ONLY	
Pct #	
Filed	
Ballot #	
Mailed	
Returned	
Clerk	

I certify that I am a United States citizen and that the statements in this absent voter ballot application are true.

X _____ Signature / / Date

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 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.

Complete ONLY if you want your ballot sent to a temporary address:

NOTE: Absentee ballots will not be forwarded by USPS.

DATE LEAVING FOR TEMPORARY ADDRESS:
/ /

DATE OF RETURN
/ /

Temporary Address _____

City _____ State _____ Zipcode _____

CONTACT INFO FOR QUESTIONS

Email Address _____

( ) Phone Number

Updated: 3/16/2016

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 City of Troy – Elections – 500 W. Big Beaver Rd. – Troy, Michigan 48084 and deposit 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 the clerk's authorized assistant.

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 of the 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 and return the certificate at the bottom of this application.

Complete only if assisting a voter with return of the application

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 application; and that I am aware that a false statement in this certificate is a violation of Michigan election law.

X _____ ___/___/___

Signature of person assisting the voter — Date

FOR YOUR CONVENIENCE

24 HOUR DRIVE-UP DROP BOX LOCATED ON WEST SIDE OF CITY HALL
24 HOUR WALK-UP DROP BOX LOCATED ON EAST SIDE OF CITY HALL