

Debbie Wierenga-City Clerk
Ferrysburg City
PO Box 38
Ferrysburg, MI 49409

ELECTION: November 2, 2010

Name: _____
Address: _____
CITY: _____

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.

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.

SIGN HERE

X

I declare the foregoing statement(s) to be true

(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: _____

WARD/
PRECINCT

Application to Vote - Poll List
(Absent Voter)

Precinct 1

November 2, 2010

DATE OF
ELECTION

Name: _____

Address: _____

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)