

**PRINT FORM AND FAX TO 248-871-2411  
OR MAIL THE FORM TO:**

**(Must put in envelope with proper postage,  
if mailing)**

**City Clerk's Office  
31555 Eleven Mile Road  
Farmington Hills, MI 48336**

**Please PRINT your name and registered address**

**Name:** \_\_\_\_\_

**Registered  
Address:** \_\_\_\_\_  
\_\_\_\_\_

## **APPLICATION FOR PRECINCTS 5, 6 AND 27**

**DO NOT DETACH  
RETURN ENTIRE FORM**

### **APPLICATION FOR ABSENT VOTER'S BALLOT NOVEMBER 3, 2009 ELECTION**

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

**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 assistance of another.
- I am an appointed precinct worker in a precinct other than the precinct where I reside.
- 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 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.

**DATE OF BIRTH**

/ /

**WARNING: A PERSON WHO MAKES A FALSE STATEMENT IN THIS DECLARATION IS GUILTY OF A MISDEMEANOR.**

**SIGN  
HERE**

Signature of  
Absent Voter **X**

I Declare the foregoing statements to be true

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.

**COMPLETE ONLY IF YOU WANT YOUR BALLOT SENT TO AN ADDRESS OTHER THAN YOUR REGISTERED ADDRESS**

Please print			(address)	(street)	<b>DATE LEAVING</b>
(city)	(state)	(zip)			<b>PHONE NO.</b>

**FOR CLERK'S USE ONLY**

Filed \_\_\_\_\_

Mailed \_\_\_\_\_

Ballot No. \_\_\_\_\_

Returned \_\_\_\_\_

Precinct No. \_\_\_\_\_

Clerk \_\_\_\_\_

**SEE REVERSE SIDE  
FOR INSTRUCTIONS**