

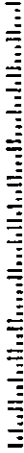
↑ TAPE IN THIS AREA ONLY ↓
DO NOT STAPLE



First Class Postage Required

FOLD OVER SO THAT THIS SIDE SHOWS, THEN TAPE AREA SHOWN

BARBARA A. MONTGOMERY
BUENA VISTA CHARTER TOWNSHIP CLERK
1160 S. OUTER DRIVE
SAGINAW, MI 48601



INSTRUCTIONS FOR APPLICANTS FOR ABSENT 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 in an envelope addressed to the appropriate clerk and place the necessary postage upon the return envelope and deposit either the folded card or the envelope in the United States mail or with another postal service, express mail service, parcel post service, or common carrier. (b) Deliver the application personally to the office of the clerk, or to an authorized assistant of the clerk. (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 or a person residing in the voter's household may mail or deliver the application to the clerk for the applicant. (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 THE CERTIFICATE BELOW.**

CERTIFICATE OF AUTHORIZED REGISTERED ELECTOR RETURNING ABSENT VOTER BALLOT APPLICATION

I Certify that my name is _____ and my date of birth is ____/____/____ at his my address is _____ 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 applicant; and that I am aware that a false statement in this certificate is a violation of Michigan election law.

Signature _____ Date _____
WARNING: A person making a false statement in this absent 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 absent voter ballot application to the clerk. An assistant authorized by the clerk who receives absent 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.

ONLY FILL THIS OUT IF ASSISTING A VOTER

BARBARA A. MONTGOMERY
 BUENA VISTA CHARTER TOWNSHIP CLERK
 1160 S. OUTER DRIVE
 SAGINAW, MI 48601

NONPROFIT
 ORGANIZATION
 U.S. POSTAGE
 PAID
 SAGINAW, MI
 PERMIT NO. 145



OFFICIAL ELECTION MATERIAL

NAME: _____

ADDRESS _____

**DO NOT DETACH
 RETURN ENTIRE FORM**

APPLICATION FOR ABSENT VOTER'S BALLOT

As a duly qualified and registered elector in SAGINAW CHARTER TOWNSHIP, County of SAGINAW, 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.

I Declare the foregoing statements to be true

SIGN HERE Signature of Absent Voter **X** Date _____

NOTE: Absentee Ballots cannot be forwarded by the Post Office. Michigan law requires that A.V. Ballots be sent to your registered address unless you request in writing that you want your ballot sent to an alternate address. Complete the box below ONLY if you want your ballot sent somewhere other than your registered address.

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

Please print (address) (street) (city) (state) (zip) **PHONE NO.**

VOTER CONTACT INFORMATION
 Please complete the information below.

Home Phone: _____
 Mobile Phone: _____
 E-Mail: _____

FOR CLERK'S USE ONLY

Filed _____
 Mailed _____
 Ballot # _____
 Returned _____
 Precinct # _____
 Clerk _____

SEE REVERSE SIDE FOR INSTRUCTIONS