

Sharon Tischler, Clerk
SOUTHFIELD TOWNSHIP
 18550 W. Thirteen Mile Road
 Southfield Twp., MI 48025-5262



OFFICIAL ELECTION MATERIAL

Please Print Name and Address

BOTH ELECTIONS **APPLICATION FOR ABSENT VOTER'S BALLOT** **DO NOT DETACH**
 PRIMARY ELECTION DATE: AUG. 3, 2010 **GENERAL ELECTION DATE: NOV. 2, 2010**

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

Check reason why you are requesting a ballot

- | | |
|--|--|
| <p>CHECK PRIMARY ELECTION REASON</p> <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> | <p>CHECK GENERAL ELECTION REASON</p> <input type="checkbox"/> I am 60 years of age or older.
<input type="checkbox"/> I am physically unable to attend the polls without assistance of another.
<input type="checkbox"/> I am an appointed precinct worker in a precinct other than the precinct where I reside.
<input type="checkbox"/> I expect to be absent from the community in which I am registered for the entire time the polls are open on election day.
<input type="checkbox"/> I cannot attend the polls because of the tenets of my religion.
<input type="checkbox"/> I cannot attend the polls because I am confined to jail awaiting arraignment or trial. |
|--|--|

FOR CLERK'S USE ONLY		
	PRIMARY	GENERAL
Filed		
Mailed		
Ballot #		
Returned		
Pct. #		
Clerk		

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 statement 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 DATE LEAVING FOR TEMP ADDRESS	SEND PRIMARY ELECTION BALLOT TO:			PLEASE PRINT DATE LEAVING FOR TEMP ADDRESS	SEND GENERAL ELECTION BALLOT TO:		
	(NUMBER)	(STREET)		(NUMBER)	(STREET)		
	(CITY)	(STATE)	(ZIP)	(CITY)	(STATE)	(ZIP)	

DO NOT DETACH - RETURN ENTIRE FORM Phone No. **SEE REVERSE SIDE FOR INSTRUCTIONS**

↑ IF MAILING
TAPE IN THIS
AREA ONLY ↑

DO NOT STAPLE



First
Class
Postage
Required

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

Sharon Tischler, Clerk
SOUTHFIELD TOWNSHIP
18550 W. THIRTEEN MILE ROAD
SOUTHFIELD TWP., MI 48025-5262



▲ FOLD HERE ▲ DO NOT DETACH

INSTRUCTIONS FOR APPLICANTS FOR ABSENT VOTER BALLOTS

▲ FOLD HERE ▲ DO NOT DETACH

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 1 of the following methods: **(a)** Fold this application so the clerk's name and address appears and seal in the area shown or place this 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 _____,

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

X _____
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**