

**CITY OF LANSING
REQUEST FOR ABSENTEE BALLOT**

MAIL, DELIVER OR FAX FORM TO:

CHRIS SWOPE
LANSING CITY CLERK
124 W. MICHIGAN AVENUE, 9TH FLOOR
LANSING MICHIGAN 48933-1695

FAX: (517) 377-0068

- BOTH ELECTIONS
- PRIMARY ELECTION (AUGUST 7, 2012)
- GENERAL ELECTION (NOVEMBER 6, 2012)

VOTER'S NAME _____

REGISTERED ADDRESS _____

MAIL ABSENT VOTER BALLOT TO

- MY REGISTERED ADDRESS (above)
- OTHER _____

ARE YOU A UNITED STATES CITIZEN?	
<input type="checkbox"/> <input type="checkbox"/>	Yes
<input type="checkbox"/> <input type="checkbox"/>	No

As a qualified and registered elector of the City of Lansing, County of Ingham or Eaton, State of Michigan, I hereby apply for an official ballot, or ballots, to be voted by me at the election or elections indicated above.

INDICATE REASON WHY YOU ARE REQUESTING AN ABSENTEE BALLOT

- I am 60 years of age or older
- I am physically unable to attend the polls without the assistance of another
- I expect to be absent from the City of Lansing for the entire time the polls are open on Election Day
- I cannot attend the polls because of the tenets of my religion
- I am an appointed precinct worker 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

I declare that the statements in this absent voter ballot application are true.

SIGNATURE OF VOTER _____ DATE _____

Voter contact information: Phone _____ Email _____

WARNING

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 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.

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 anyway; 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.	
PERSON ASSISTING VOTER:	
_____	_____
Signature	date

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 by 1 of the following methods:

(a) Place the application in an envelope addressed to the appropriate clerk and place the necessary postage upon the return envelope and deposit it in the United States mail or with another public postal service, express mail service, parcel post service, or common carrier.

(b) Deliver the application personally to the office of the clerk, to 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 and return the certificate at the bottom of the application.

CHRIS SWOPE
LANSING CITY CLERK
124 W. MICHIGAN AVENUE, 9TH FLOOR
LANSING MICHIGAN 48933-1695
PHONE: (517) 483-4131
FAX: (517) 377-0068
EMAIL: clerk@lansingmi.gov

PERMANENT ABSENT VOTER LIST REQUEST

If you would like to be placed on the Permanent Absent Voter List for future elections, complete this request and return it to the City Clerk's Office.

YES – PLEASE PLACE ME ON THE PERMANENT ABSENT VOTER LIST.

I will automatically receive an absentee ballot application for every election. If I choose to return that application, a ballot will be mailed to me as soon as they are available.

VOTER'S NAME _____

REGISTERED ADDRESS _____

SIGNATURE OF VOTER _____

DATE _____