APPLICATION FOR VOTE BY MAIL BALLOT

Please type or print clearly in ink. All information required unless marked optional.

	I hereby apply for a Mail-In Ballot for:		MI	MILITARY/OVERSEAS VOTER ONLY				
	(CHECK ONLY ONE)			I request Vote-By-Mail Ballots for all elections in which I am				
	☐ ALL FUTURE ELECTIONS, until I request otherwise in writing.			eligible to vote and I am (CHECK ONLY ONE)				
	Or for ONLY ONE of the following: General (November		A Member of the Uniformed Services or Merchant Marine on Services or dependent.					
1	□ Primary (June) □ Municipal □ School □ Fire	,	active duty, or an eligible spouse or dependent. A U.S. Citizen residing outside the U.S. and I intend to return.					
	☐ Special To be held on	1 1	☐ A U.S. Citizen residing outside the U.S. and I do not intend to return.					
	(Specify) To be field off (MM	/ DD / YYYY)						
	PLEASE NOTE: Your ballot can only be sent to the mailing address supplied on this application. If your mailing address changes, you must notify the County Clerk in writing.							
	Last Name (Type or Print) First Name (Type or Print)			•				
2	Last Ivalite 19		,,,	Wildle Name of		ıllal	Sullix (Jr., Sr., III)	
	Address at which you are registered to vote:			Mail my ballot to the following address:				
3	Street Address or RD# ,Apt.			_	ress as Section 3			
	, specifical response to the specifical response			Please include				
			4	any PO Box, RD#, . State/Province,				
	Municipality (City/Town) State Zip			Zip/Postal Code				
				& Country (if outside US)				
	D. (CD:			E M 2	A 1.1			
5	Date of Birth (MM/DD/YYYYY) 6 Day Time Ph	none Num	nber	7 E-Mail	Address			
	PLEASE NOTE: This contact information will be used to contact you concerning the acceptance or rejection of your ballot and how you may cure a defect.							
	Signature: I affirm that I am the person	oritaat you	CONCENTIN	g the acceptance o	rejection or your ba		day's Date (MM / DD / YYYY)	
8	who is applying for this ballot and I live at the					9 "	I I	
	address designated in box 3 of this form.						1 1	
	OPTIONAL - ONLY COM							
10				voter in completing this application must complete this section. nature of Assistor Date (MM/DD/YYYYY)				
		X					1 1	
	Address	·	Apt.	Municipality (City/Town)	State	Zip	
	Authorized Macconggu							
	Authorized Messenger: Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger shall be a family member or a registered voter of this County. No Authorized Messenger can (1) be a Candidate in the election for which the voter is							
	requesting a Mail-In Ballot or (2) serve as messenger for more than THREE qualified voters per election, except that an authorized							
	messenger or bearer may serve as such for up to five qualified voters in an election if those voters are immediate family members residing in the same household as the messenger or bearer.							
	I designate to be my Authorized Messenger. Print Name of Authorized Messenger							
	Print Name of Authorized Messenger Address of Messenger Apt. Mun			(City/Town)	State Zip Date of Birth (MM/DD/YYYY)			
	Address of Messeriger	ιρι. IVIL	ппстранц	(Oity/Town)	State Zip	ا		
11	Signature of Voter		D-4-	(MM / DD / YYYY)				
	Signature of Voter Date (MM / DD / YYYY)							
	STOP Authorized Messenger must sign application and show in the presence of the County Clerk or County Clerk de				OFFICE USE ONLY			
	"I do hereby certify that I will deliver the Mail-In Ballot di			ectly to the voter Voter Reg #				
	and no other person, under penalty of law Signature of Messenger							
		enalty of		- (MM / DD / \\0000				
	and no other person, under person, under person signature of Messenger	enalty of		e (MM / DD / YYYY)			Party	

INSTRUCTIONS

- Fill out application.
- Print and sign your name where indicated
- Mail or Deliver application to the County Clerk

DO NOT FAX OR E-MAIL

Unless you are a Military or Overseas Voter

VOTING INFORMATION

- 1. You must be a registered voter in order to apply for a Mail-In Ballot.
- 2. Once you apply for a Mail-In Ballot, you will not be permitted to vote by machine at your polling place in the same election
- 3. You will receive instructions with your ballot.
- 4. If returning your Mail-In Ballot in person it must be received after the time for the closing of the polls of the election. be postmarked no later than Election Day and received by Election Day. If returning your Mail-In Ballot by mail, it must by the County Board of Elections before close of polls or the county board of elections no later than 144 hours (6 days)
- 5. Do not submit more than one application for the same election
- 6. You must apply for a Mail-In Ballot for each election, unless you designate otherwise under Section 1.

PLEASE NOTE

Clerk until 3 P.M. the day before the election. to the election. He or she may also apply in person to the County A voter may apply for a Mail-In Ballot by mail up to 7 days prior

option, the County Clerk's office must be notified in writing. Ballot for all future elections. If such voter no longer wants this Voters now have an option of automatically receiving a Mail-In

WARNING

no later than 3 P.M. the day prior to the election. messenger during County Clerk's office hours, but unless you apply in person or via an authorized Clerk not later than 7 days prior to the election, This application must be received by the County

Name

Please Seal with Tape and Return

Street Address

City, State, Zip Code

PLACE Postage HERE BEFORE

MAILING



