

IMPORTANT NOTICE!

NEW POLLING LOCATION

Please see reverse side for details and retain this card for future reference.

Thank you for voting!
ADAM WIT
Harrison Township
Clerk

ADAM WIT, Clerk
CHARTER TOWNSHIP OF HARRISON
38151 L'Anse Creuse Rd.
Harrison Township, MI 48045-3479



NON-PROFIT ORGANIZATION
U.S. POSTAGE
PAID
TAYLOR, MI
PERMIT NO. 107

RETURN SERVICE REQUESTED

VOTER IDENTIFICATION CARD

Twp.: HARRISON TOWNSHIP
County: MACOMB
Precinct: 2 Date: 04/17/13

Listed below are the various districts in which you reside:

US Congressional: 10
State Senate: 8
State Rep.: 24
County Comm: 10
School District: LANSE CREUSE PUBLIC SCHOOLS

Charter Township of Harrison
ADAM WIT, CLERK



Polling Location for All Elections:

LC MIDDLE SCHL SOUTH
34641 JEFFERSON

MAIL TO SIGNATURE OF VOTER X

JOSEPH DAVID KODOS
26075 CLEAR ST
HARRISON TOWNSHIP MI 48045-3206

DETACH ALL PERFS

7284
7284

*****AUTO**5-DIGIT 48045



INDIVIDUAL IMMUNIZATION RECORD
BRING THIS RECORD FOR IMMUNIZATIONS

NAME (Last) (First) (Middle)
Kodos, Joseph

Birthdate
07/18/1991

VACCINE:	TYPE	Mo./Day/Year OF DOSE	HEALTH PROVIDER	DATE NEXT DOSE DUE
Diphtheria-Tetanus-Pertussis		19-16-91		
DTP/DTP/d		21-19-91		
DTP		3-17-92		
(Specify Type)		4-24-93		
Haemophilus influenzae type b		5-1-96	MACOMB COUNTY HEALTH DEPT SE	
HIB		1-17-92		
		2.		
		3.		
		4.		
POLIO OPV/PPV (Specify Type)		1-9-16-91		
		21-19-91		
		32-24-93		
		4-1-96	MACOMB COUNTY HEALTH DEPT SE	
		11-17-92		
MMR		24-1-96	MACOMB COUNTY HEALTH DEPT SE	
Note: If Measles, Rubella, or Mumps vaccines were given before 12 months of age, the dosage must be repeated.				
Hepatitis B HBV		14-1-96	MACOMB COUNTY HEALTH DEPT SE	
		25-13-96	MACOMB COUNTY HEALTH DEPT SE	
		30-28-96	MACOMB COUNTY HEALTH DEPT SE	
OTHER VACCINES		8-5-09	Adacel MCHD-SE	2019
MMR		8-5-09	Menactra - mcv4 MCHD-SE	
Hep A & B		8-5-09	HAVRIX MCHD-SE	
Hep A & B		6-10-10	MCHD-SE	
Hep A & B		11-7-2010	H'V'1	