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MDPH-IP-300 (11/94)

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care, preschool or head start program, and public or non-public school. Bring this record with you each time you visit your child's doctor or clinic and retain it for proof of immunity Your child must meet Michigan's immunization requirements to enroll in any nursery, day

Recommended Immunization Schedule

STATE OF MICHIGAN 016049 MMUNIZATION

Name JOSEPH KODOS

Name

Special Problems

Physician/Clinic

**RETAIN THIS RECORD** 

Dear Voter: **★ ★ IMPORTANT NOTICE ★ ★** 

Our office has been notified that your current

voter registration to remain registered.

reference which now reflects your new voting location. Please note that your precinct number

polling location will no longer be available for our election will no longer be available for our election use. Area school districts and churches provide their facilities to us and their is beyond our control. Please disregard your is beyond our control. Please disregard your current voter ID card and retain this one for current voter ID card and retain this one for reference which now reflects your new voting reference which now reflects your new voting

will remain the same.

CHANGE OF ADDRESS WITHIN THE

Should you move to a new address, within the Charter Township of Harrison, please provide your new address, sign your name and return this card to:

Date of Move

ADAM WIT, Clerk Charter Township of Harrison 38151 L'Anse Creuse Rd. Harrison Twp., MI 48045-3479

New Address

Signature of Voter

Order from Printing Systems, Inc.

Please note that if you move to a different city or township in Michigan, you must submit a new We hope you will fully exercise your voting rights and participate in every upcoming election. DEAR REGISTERED VOTER: It is a pleasure to send your new voter identification card.