

City of Cedar Springs - City Clerk
66 S. Main PO Box 310
Cedar Springs, MI 49319



VOTER SIGN HERE X
Power of attorney is not acceptable

I certify that I am a **United States citizen** and that the statements in this Absent Voter Ballot application are true.

Signature _____

Date ____/____/____

WARNING: You must be a **United States citizen** to vote. If you are not a United States citizen, you will not be issued an absent voter ballot. 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 clerk's office 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.



COMPLETE ONLY IF YOU WANT YOUR BALLOT SENT TO A TEMPORARY ADDRESS (PLEASE PRINT)

() _____ Phone _____ Email _____

Date Leaving For Temporary Address _____
Temporary Address _____
Date of Return ____/____/____
City _____ State _____ Zip _____

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. Absentee ballots will not be forwarded by USPS.

CLERK'S USE ONLY
W/D/Pct: _____ Mailed: ____/____/____ Returned: ____/____/____
Filed: ____/____/____ Ballot No.: _____ Clerk: _____

(DO NOT DETACH) www.PrintingSystems.us (800) 95-12345 (08/19) **FORM #575** **SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS**



RETURN THIS APPLICATION TO YOUR LOCAL CLERK.



3
Complete

WARD/PRECINCT



DATE OF ELECTION

____/____/____
Date of Birth (Month/Day/Year)

Ballot No.: _____
Voter No.: _____
(Poll Book)

Please Print Full Name _____

Registered Home Address of Absent Voter _____

I certify that I am a United States citizen and a registered and qualified elector in this precinct, and hereby make application to vote at this election.

SIGN HERE



SIGNATURE OF VOTER _____

Approved - _____

(Inspector of Election)

INSTRUCTIONS TO ELECTION INSPECTORS - Place this in binder with other Applications to Vote

INSTRUCTIONS FOR ABSENT VOTER BALLOTS APPLICANTS

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 one of the following methods:

- (a) Place the application in an envelope addressed to the appropriate clerk and deposit it in the United States mail or with another public postal service, express mail service, parcel post service, or common carrier. Proper postage required.
- (b) Deliver the application personally to the clerk's office, to the clerk, or to the clerk's authorized assistant.
- (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) If 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 below.

← ONLY FILL THIS OUT IF ASSISTING A VOTER →

Certificate of Authorized Registered Elector Returning Absent Voter Ballot Application

I certify that my name is _____, date of birth is ____/____/____,
and my address 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.

**SIGN ONLY IF YOU ARE THE
PERSON ASSISTING THE VOTER**



Signature of Person Assisting Voter Sign Here _____

Date ____/____/____

