

**Michael I. Mizzi**, City Clerk  
 City of Allen Park  
 16850 Southfield Road  
 Allen Park, MI 48101-2599

PRESORTED  
 FIRST CLASS  
 U.S. POSTAGE  
**PAID**  
 TAYLOR, MI  
 PERMIT NO. 107



**OFFICIAL ELECTION MATERIAL**

FORWARDING SERVICE REQUESTED

**DO NOT DETACH  
 RETURN ENTIRE FORM**

**APPLICATION FOR ABSENT VOTER'S BALLOT**  
**PRESIDENTIAL PRIMARY: FEBRUARY 28, 2012**

As a duly qualified and registered elector in the CITY OF ALLEN PARK, County of WAYNE, State of Michigan, I hereby make application for an official ballot, to be voted by me at the election indicated above.

**Check reason why you are requesting a ballot**

- I am 60 years of age or older.
- I am physically unable to attend the polls without assistance of another.
- I am an appointed precinct worker in a precinct other than the precinct where I reside.
- I expect to be absent from the community in which I am registered for the entire time the polls are open on election day.
- I cannot attend the polls because of the tenets of my religion.
- I cannot attend the polls because I am confined to jail awaiting arraignment or trial.

**DATE OF BIRTH**  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**ARE YOU A UNITED STATES CITIZEN?**  
 YES  NO

**FOR CLERK'S USE ONLY**

Filed \_\_\_\_\_

Mailed \_\_\_\_\_

Ballot No. \_\_\_\_\_

Returned \_\_\_\_\_

Precinct No. \_\_\_\_\_

Clerk \_\_\_\_\_

**COMPLETE ONLY IF YOU WANT YOUR BALLOT SENT TO AN ADDRESS OTHER THAN YOUR REGISTERED ADDRESS**

**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.

PLEASE PRINT (ADDRESS) (STREET) \_\_\_\_\_

(CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

**DATE LEAVING** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_

**WARNING: A PERSON WHO  
 MAKES A FALSE STATEMENT  
 IN THIS DECLARATION IS  
 GUILTY OF A MISDEMEANOR.**

**SIGN HERE** Signature of Absent Voter **X** \_\_\_\_\_ I declare the foregoing statements to be true Date \_\_\_\_\_

**SEE REVERSE SIDE  
 FOR INSTRUCTIONS**

**VOTER CONTACT INFO** I hereby request the ballot type marked at right for this election. (You must select ONE ballot type at right. If you do not select a ballot type, a ballot will NOT be issued to you.)

PLEASE PRINT  
 Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

**IMPORTANT! YOU MUST SELECT ONLY ONE BALLOT TYPE.**

**REPUBLICAN PARTY**  
 Presidential Primary Ballot

**DEMOCRATIC PARTY**  
 Presidential Primary Ballot

↑ **TAPE IN THIS AREA ONLY** ↑  
**DO NOT STAPLE**



First  
Class  
Postage  
Required

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOLD OVER SO THAT THIS SIDE SHOWS, THEN TAPE AREA SHOWN**

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▲ **FOLD HERE** ▲ **DO NOT DETACH**

▲ **FOLD HERE** ▲ **DO NOT DETACH**

**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 one of the following methods: **(a)** Fold this application so the clerk's name and address appears and seal in the area shown or place this application in an envelope addressed to the appropriate clerk and place the necessary postage upon the return envelope and deposit either the folded card or the envelope in the United States mail or with another postal service, express mail service, parcel post service, or common carrier. **(b)** Deliver the application personally to the office of 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 THE CERTIFICATE BELOW.**

**CERTIFICATE OF AUTHORIZED REGISTERED ELECTOR RETURNING ABSENT VOTER BALLOT APPLICATION**

I certify that my name is \_\_\_\_\_, and my  
my address is \_\_\_\_\_ 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 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.

**X** \_\_\_\_\_  
Signature Date

**WARNING:** A person making a false statement in this absent ballot application is guilty of a misdemeanor. It is a violation of Michigan election law for a person other than those listed in the above 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.

**ONLY FILL THIS OUT IF ASSISTING A VOTER**