

PERMANENT ABSENTEE VOTER SIGN UP

I request to be added to the Permanent Absentee Voter List for _____

NAME OF CITY OR TOWNSHIP

Please automatically send me an absentee ballot application for each election.

NAME: _____

BIRTHDAY: ____ / ____ / ____

PHONE: _____

EMAIL ADDRESS: _____

REGISTERED ADDRESS

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS IF DIFFERENT FROM REGISTERED ADDRESS

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____