

HOWELL TOWNSHIP, LIVINGSTON COUNTY MICHIGAN
3525 Byron Road, Howell, Michigan 48855
(517) 546-2817 Office
(517) 546-1483 Fax

**APPLICATION FOR PLACEMENT ON THE
"PERMANENT ABSENT VOTER APPLICATION LIST"**

I, the undersigned, make application to the Township of Howell to be placed on the permanent Absent Voter List for all Township, County, State, Federal and School Elections. This means that an **APPLICATION** for an absent voter ballot will automatically be sent to me before each of these elections. I understand I must complete the application and return it to Howell Township to receive a ballot. I understand these applications will be mailed to me at my registered address unless I indicate otherwise at the bottom of this form.

I certify by signing below that I am 60 years of age or older, or am physically unable to attend the polls.

Name (Print) _____

Address _____

Phone _____

Signature _____

Date Signed _____

Address to mail application to if different than the above:

I am not at my home address from _____ to _____

Phone _____