

City Clerk
 City of Rochester Hills
 1000 Rochester Hills Dr.
 Rochester Hills, MI 48309

NON-PROFIT
 ORGANIZATION
 U.S. POSTAGE
PAID
 ROCHESTER HILLS, MI
 PERMIT NO. 136



OFFICIAL ELECTION MATERIAL

FORWARDING SERVICE REQUESTED

APPLICANT NAME & ADDRESS
 (Please print clearly)

**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 ROCHESTER HILLS, County of OAKLAND, 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.

BIRTH YEAR

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 I declare the foregoing statements to be true
 _____ Date _____

**SEE REVERSE SIDE
 FOR INSTRUCTIONS**

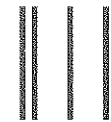
VOTER CONTACT INFO I hereby request the ballot type marked at right for this election. (You must select ONE ballot type at right. If you do not select a ballot type, a ballot will NOT be issued to you.)

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

CITY CLERK
CITY OF ROCHESTER HILLS
1000 ROCHESTER HILLS DR.
ROCHESTER HILLS, MI 48309-3033



▲ 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.**

ONLY FILL THIS OUT IF ASSISTING A VOTER	CERTIFICATE OF AUTHORIZED REGISTERED ELECTOR RETURNING ABSENT VOTER BALLOT APPLICATION	
	I certify that my name is _____,	
	my address is _____ and my 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
<p>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.</p>		