

**CITY OF HOWELL, LIVINGSTON COUNTY  
611 E. GRAND RIVER, HOWELL, MICHIGAN 48843  
OFFICE – (517) 546-3502  
FAX – (517) 546-6030**

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

I, the undersigned, make application to the City of Howell to be placed on the permanent Absent Voter List for all elections. This means that an **APPLICATION** for an absent voter ballot will automatically be sent to me before each election. I understand I must complete the application and return it to the City of Howell 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.

**Name (Print)** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

**Signature** \_\_\_\_\_

Date Signed \_\_\_\_\_

Address to mail application to if different than the above:

\_\_\_\_\_

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