

**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:
