PLEASE fill out EACH BLANK completely and return by the Deadline.

ABSENTEE BALLOT REQUEST

I,	, hereby certify that I am or will be an Eligible				
(Print Na Voter of the Absent					
be present to cast m					
requesting an Abse					
1 8				8	
Name (please print):					
Address:	(first)	(middle)	(maiden)	S+.	(last) Zin:
Address		City.		ວເ	Zıp
CDIB#:			Date of Birt	h:	
Signature:			Date:		
		- ((h
All <u>REQUE</u>	<u>.515</u> must be re			<u>118810n</u> by 1	the deadline date of
		March	1, 2020		
		Mail	to.		
	Abser		Election Comm	ission	
	110501		Box 741	1551011	
		Tecumseh, C			
		Fax t		_	
			o not fax to a		<u>fax #)</u>
		· · ·	5-4030 ext. 627		
	10111	ree number 1-a	300-256-3341 e	XI. 02/1	
		Deliver in P	erson to:		
Electi	on Commission			Court Buil	ding
					C
All eligib	le voters are enti			•	ee Ballot.
	This form may	be duplicated i	or your convenie	ence.	
Disclaimer	This election	ion may h	e affected	hy ne	nding litigation
		•		• •	0 0
	changes wi	n be publi	sneu m un	e newsp	oaper as soon as
possible.					
	ELEC	TION COMMI	SSION USE ONI	V	
Received:	Appro	oved:	Disa	pproved:	
If Disapproved (reason):					
Denial Letter Mailed:		Ball	ot Mailed:		
			Election Comm	ission/Repre	esentative