

2024 MICHIGAN ABSENT VOTER BALLOT APPLICATION

Approved by _____

Complete and return to:

CLERK@FRANKENLUST.COM
FRANKENLUST TOWNSHIP
2401 DELTA ROAD
BAY CITY MI 48706

Check this box for
Permanent absent voter

Other elections: Complete to join the
permanent absent voter ballot list (optional)

☐ Automatically send me an absent voter ballot
for each future election for which I'm eligible.

Check election(s) which you are requesting ballot(s).

<input type="checkbox"/> 2/27/2024 Presidential Preference Election	<input type="checkbox"/> 5/7/2024 Freeland millage election	<input type="checkbox"/> 8/6/2024 Primary Election	<input type="checkbox"/> 11/5/2024 General Election
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You must select which election you want your
permanent absent Voter application for

Make sure to
select one

Presidential Primary Ballot: Select One

- ☐ Democratic Party Presidential Primary Ballot
- ☐ Republican Party Presidential Primary Ballot
- ☐ Ballot without Presidential Primary (If available.
This choice is for voters not voting in the
presidential primary who wish to vote on other
proposals or candidates only.)

1

Voter's signature (Power of attorney is not acceptable):

I certify I am a United States citizen and the statements in this absent voter ballot application are true.

Signature Must have signature here to vote	Date Need Date
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WARNING: You must be a United States citizen to vote. If you are not a United States citizen, you will not be issued an absent voter ballot. A person making a false statement in this absent voter ballot application is guilty of a misdemeanor. See reverse side for additional instructions and warnings

2

Address to mail ballot:

The U.S. Postal Service will not forward your ballot. We can mail it to you where you are. If additional addresses are needed or plans change, contact

(Only fill out if different than above) your city/township clerk.

Address 1

Date departing	Date of return
Street address Fill this section out if you are gone to another State or address. Ex like college or gone for winter	
City	
State	ZIP

Address 2

Date departing	Date of return
Street address	
City	
State	ZIP

3

Other Information: Please list at least phone number if we need to contact you concerning your ballot

Year of birth Required	Email Address	Phone number
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Your email address and phone number will be used only for election purposes.



CLERK'S
USE
ONLY

Wd/ 00001	Filed / /
2/27/2024	
Mailed / /	Returned / /
Ballot No.	Clerk
5/7/2024	
Mailed / /	Returned / /
Ballot No.	Clerk