



36725 Division Road · P.O. Box 457 · Richmond, Michigan 48062-0457
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REQUEST TO SPOIL AN ABSENT VOTER BALLOT

I, _____ affirm that I am a resident of the CITY
(Full name)

OF RICHMOND, MICHIGAN, and I reside at _____
(Street Address)

I further affirm that I submitted an application for an absent voter ballot for this election to CITY OF RICHMOND Clerk.

And that:

_____ I spoiled my ballot # _____, and would like to request another absent voter ballot.

_____ I did not receive the absent voter ballot that I applied for and would like another absent voter ballot.

_____ I lost or destroyed the absent voter ballot I received and would like to receive another absent voter ballot

By signing this affidavit, I swear that the statements made above are true.

Signature of Elector:

X

Sworn and subscribed to before me this _____ day of _____,
20____.

Signature of Election Official