



215 W. Main Street • Northville, Michigan 48167-1540
Phone: (248) 349-1300 • FAX: (248) 349-9244

REPLACEMENT ABSENT VOTER BALLOT AFFIDAVIT

STATE OF MICHIGAN
COUNTY OF OAKLAND AND WAYNE

Voter Name (Print) _____ Precinct No. _____

Registered Address _____, Northville,
Michigan, 48167 or 48168

1. CHECK OPTION THAT APPLIES:

- I spoiled my absent voter ballot (marking errors, torn, etc.). If you have your AV ballot still in your possession, bring it with you to surrender.
- I never received my absent voter ballot.
- I lost my absent voter ballot.

2. I ALSO REQUEST THE CLERK’S OFFICE EITHER (check one)

- Provide a new absent voter ballot to me at the Clerk’s office (request must be received by 4pm the Monday before the election).
- Mail a new absent voter ballot to me at the address indicated on my AV ballot application. (request must be received by 2pm the Saturday before the election).

I do solemnly swear or affirm the above statement is true.

Voter Signature _____ Date _____

Return this form to the City Clerk’s Office

In person/mail:	City Clerk’s Office, 215 W. Main Street, Northville, MI, 48167
Email:	dmassa@ci.northville.mi.us
Fax:	248-349-9244

OFFICE USE ONLY

Original Ballot Number _____ New Ballot Number: _____ New Mail Date _____

Clerk / Authorized Assistant Signature _____