

# AUTOMATIC ABSENT VOTER LIST REQUEST

YES, I REQUEST TO BE PLACED ON THE DELTA TOWNSHIP AUTOMATIC ABSENT VOTER LIST.

MAIL OR DELIVER THE COMPLETED FORM TO: DELTA TOWNSHIP CLERK'S OFFICE,  
7710 W. SAGINAW HIGHWAY, LANSING, MI 48917

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VOTER'S NAME, (Please Print)

DATE

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SIGNATURE

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ADDRESS

BIRTHDATE