

REGISTERED VOTER RESPONSE FORM
(Please Print or Type)

Full Name

Date of Birth

Complete Address (include PO Box # or Apartment #)

I would like my name added to the Permanent Absent Voter List so I will automatically be sent an Application to vote for each election held. I understand a separate application will be sent for each election.

Signature of Registered Voter

Date

Return this form to the City Clerk's Office at 414 E. Main Street, DeWitt MI 48820