

# City of Algonac

805 St. Clair River Drive • P.O. Box 454 • Algonac, Michigan 48001  
(810) 794-9361 • Fax: (810) 794-4804

## REQUEST TO BE ON THE CITY OF ALGONAC PERMANENT ABSENTEE VOTER LIST

Yes, I meet the qualifications required by law to be placed on the  
permanent absent voters list  
(please check box above)

To qualify, I understand that I must

Be 60 years of age or older

Physically unable to attend the polls  
(please check appropriate box)

VOTERS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF VOTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

### For Office Use Only

Date Request Received: \_\_\_\_\_

Date Entered into QVF: \_\_\_\_\_

(5/13/16)