Emergency Ballot Application

City of Grand Rapids

Voter Name: _____ Date: _____

Residential Address: _____

Date of Emergency: _____

Emergency Details: _____

_____

_____

Name of individual authorized to assist with obtaining an absentee ballot for the voter:

_____

I am a United States citizen and a qualified and registered elector of the county and jurisdiction in the State of Michigan listed below, and I am applying for an official ballot, to be voted by me in the current election.

Voter Signature: _____

Assistant Signature: _____

Clerk's Office Use Only Affix Ballot Label copy HERE