CITY OF MOUNT CLEMENS
Office of the City Clerk
One Crocker Boulevard, Mount Clemens, Michigan 48043

AFFIDAVIT OF ABSENT VOTER
Request to Spoil Ballot

I, _____, hereby affirm that I am a resident of the City of Mount Clemens, Macomb County, Michigan, and I reside at _____. I further affirm that it is my intention to receive and vote by absent voter ballot and submit my ballot for this election to the Mount Clemens City Clerk's office and that:

☐ I now wish to spoil the ballot I submitted and desire to vote in person at the precinct.

☐ I never received the ballot that was mailed to me. I wish to spoil that ballot and receive a new ballot.

☐ I made a mistake on my ballot. I wish to spoil that ballot and receive a new ballot.

☐ I lost or destroyed my ballot. I wish to spoil that ballot and receive a new ballot.

BY SIGNING this affidavit, I swear that the statements made above are true.

_____ _____
Signature of Elector *Date*

TO BE COMPLETED BY ELECTION INSPECTOR OR MEMBER OF THE CITY CLERK'S OFFICE

Sworn and subscribed to before me this _____ day of _____, _____.

I certify that the elector named above has completed the affidavit at their request and has completed the above in my presence or that I have verified the signature of the elector prior to taking action on this request.

_____
Signature of Election Inspector or Clerk's Representative

Precinct #_____ Original Ballot #_____ Reissued Ballot #_____ Date Reissued _____