



CITY OF EATON RAPIDS PERMANENT ABSENT VOTER REQUEST

Full Name (Please Print or Type)

Address _____

Phone (optional) _____

_____ I would like to be on the Permanent Absent Voter List so that I will automatically be sent an application to vote for each election held in the City of Eaton Rapids.

_____ I would like to be removed from the Permanent Absent Voter List.

Date

Signature

Return to: Robin Webb, City Clerk
200 S. Main St.
Eaton Rapids, Michigan 48827
rwebb@cityofeatonrapids.com