ABSENTEE VOTER LIST REQUEST

Yes, I would like to be placed on the Absentee Voter List. By returning this form, I will now receive an absentee ballot **application** before each election as long as I remain a registered voter of Sparta Township.

_____ _____

Voter's Full Name (please print) Year of Birth

I Currently Reside at:_____

_____

X_____ ____/_____/____

Signature **Date**