

## **Ballot Selection Form for Perm Ballot Voters**

Please mark next to <b>o</b>	one of the statements	below and select whic	ch party ballot you would like to receive
I am request	ing that a ballot be m	nailed to me at my regi	stered address in Ann Arbor
I am request	ing that a ballot be n	nailed to me at the follo	owing alternate address:
You must select whi 2024 Presidential Pr		ou want to receive for ect ONLY ONE):	r the February 27 <sup>th</sup> ,
Democratic ballot		Republican ballot	
Please complete and Questions? Please ca	all (734) 794-6140.		
	FULL NAME	E (PRINT OR TYPE)	
// DATE OF BIRTH	_	REGISTERED ADD	DRESS (within Ann Arbor)
() TELEPHONE NUMBI	(optional) ER	EMAI	L ADDRESS
SIGN	ATURE (must be sig	ned <u>not typed</u> )	DATE
For Office Use Only:			
Ward/Precinct		Ballot #:	Clerk: