



Permanent Absentee Voter Application Request

Yes, please place my name on the permanent absentee voter application list so I may receive an absentee voter application for all future elections held in the City of Oak Park.

SIGNATURE: _____ DATE: _____

NAME: _____

ADDRESS: _____

(Before mailing, be sure that the box is checked off and you have signed this request)

Please return:

Deputy City Clerk/Director of Elections
14000 Oak Park Boulevard
Oak Park, MI 48237