DORR TOWNSHIP ABSENTEE VOTERS:

Pleas	e fill ou	ut the	follov	ving fo	orm and	return	to the	Dorr	Township	Office	if you	wish	to b	e put
on th	e perm	nanen	t abse	ntee v	oter lis	t.								

Print Name:	
Print Address:	
Sign:	
Date:	

I declare the foregoing statement to be true

Office use only:			
Received:	Entered:	Ву	