

## **REGISTER TO VOTE**

**You may register here at the township hall;  
3525 Byron Rd, Howell, MI 48855,**

**Any Township Office,**

**Any Secretary of State Office,**

The Michigan Secretary of State's website at <https://webapps.sos.state.mi.us/mivote/> can look up your voter registration. Just fill in your name and date of birth.

OR

Copy, complete and return the form below.

# State of Michigan Voter Registration Application

## and Michigan Driver License/Personal Identification Card Address Change Form

**1 answer** Are you a citizen of the United States of America?  Yes  No  
 Will you be 18 years of age on or before election day?  Yes  No

➤ If you responded **No** to either of these questions, do **NOT** complete this form.

### 2 complete application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address where you live — house number and street/road \_\_\_\_\_ Apt. No./Lot No. \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone *optional* \_\_\_\_\_

MI

If you do not have a house or street address, describe location where you live — cross streets or roads, landmarks, etc. \_\_\_\_\_

City *or*  Township where you live \_\_\_\_\_ County where you live \_\_\_\_\_ School District *if known* \_\_\_\_\_

Mailing Address *if different*  For use on Driver License/Personal ID and Voter Registration  For use on Voter Registration only \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female \_\_\_\_\_

ID Number *check applicable box and provide appropriate number* \_\_\_\_\_

I have a state issued driver license or personal ID card # \_\_\_\_\_ State \_\_\_\_\_

I do not have a state issued driver license or personal ID card. The last four digits of my Social Security Number are \_\_\_\_\_

I do not have a state issued driver license, a state issued personal ID card or a Social Security Number.

*An ID number will be assigned to you for voter registration purposes.*

Are you still registered to vote at your last address?  Yes  No  Don't Know *If "Yes" or "Don't Know" enter previous address*

Previous Street Address \_\_\_\_\_  City *or*  Township of \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Registered under name of *if different than above* \_\_\_\_\_

### 3 read, sign and date

**I certify that:**

- I am a citizen of the United States.
- I am a resident of the State of Michigan and will be at least a 30-day resident of my city or township by election day.
- I will be at least 18 years of age by election day.
- I authorize cancellation of any previous registration.
- The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under federal or state laws.

<b>X</b> _____	Date _____
Signature of Applicant	
<b>X</b> _____	Date _____
Signature of Applicant	

**Sign and date both spaces provided above.**

BEFORE MAILING, REMOVE TAPE AND FOLD IN HALF TO SEAL CLOSED.

**Mail this completed form back to:**  
**Howell Township, Election Dept. 3525 Byron Rd., Howell, MI 48855**