



CITY OF
TRAVERSE CITY

Absentee Ballot Temporary Address Form

TEMPORARY ADDRESS

Full Name (Printed) _____

Date Departing _____ Date of Return _____

Temporary Address _____
Street City, State Zip

Phone _____ Email _____

Signature _____ Date _____

RETURN BY MAIL

City of Traverse City
City Clerk's Office
400 Boardman Avenue
Traverse City, MI 49684

RETURN BY EMAIL *

tcclerk@traversecitymi.gov

*If returning by email, please take a well-lit, clear photo of the document.