

# Affidavit to Challenge an Elector

STATE OF MICHIGAN / COUNTY OF \_\_\_\_\_.

The undersigned, \_\_\_\_\_ (YOUR NAME), a resident of  
\_\_\_\_\_ (YOUR ADDRESS),

declares under penalty of perjury under the laws of Michigan that the foregoing is true and correct

1. I am over the age of 18 and am a resident of the state of Michigan. I have personal knowledge of the facts herein, and, if called as a witness, could testify to the truth and accuracy thereto.

2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.

3. I have lived at the above stated address since about \_\_\_\_\_ (THE APPROXIMATE YEAR YOU MOVED TO YOUR ADDRESS).

4. I affirm that \_\_\_\_\_ (NON-RESIDENT NAME) is NOT a resident  
of \_\_\_\_\_ (YOUR ADDRESS)

and is therefore not eligible to vote utilizing this address. In accordance with MCL 168.512 I request that the voter registration for the above named NON-resident be canceled.

5. Please complete one of the following:

A. I know the person listed above and they live at \_\_\_\_\_  
(NON-RESIDENT'S KNOWN ADDRESS).

B. I do NOT know this person. (CIRCLE IF THIS APPLIES).

6. I affirm I am under no duress to sign this affidavit, and I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

**AFFIANT SIGNATURE:** \_\_\_\_\_

## **NOTARY ACKNOWLEDGMENT**

STATE OF MICHIGAN, COUNTY OF \_\_\_\_\_,

This Affidavit was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Acting in the County of:

My commission expires \_\_\_\_\_