Affidavit to Challenge an Elector

_	(Affiant Name), a resident of this city/tw
	(Affiant's address) declare under penalty
knowledge of the facts	of the state of Michigan that the following is true and correct. I have personal herein, and, if called as a witness, could testify to the truth and accuracy thereto ities and have personal firsthand knowledge of the facts set forth below.
I affirm that:	
utilizing this ad	oter(s) does not reside at the following address and is therefore not eligible to vot dress. In accordance with MCL 168.512, I request that the voter registration for t resident be canceled and removed from the Qualified Voter File:
	Name(s):
	Street Address:
	City, State, Zip:
	Is/Are the registrant(s) in the Military? Yes No
** IF MOVED, w	hen and to where did person move:
Othor (handwri	ten statement below):
Other (handwir	tell statement below).
Executed thisday	of, 2023