APPLICATION FOR ABSENTEE BALLOT

1. ALL PERSONS REQUESTING AN ABSENTEE BALLOT MUST COMPLETE THIS SECTION.

   I request that an absentee ballot be sent to me for the Primary to be held on ___________ and/or General to be held on ___________.

   I certify that I am a United States Citizen, Age 18 or older, and that I have resided at the following address which is my legal voting address for at least 10 days before the election for which I am applying for an absentee ballot.

   I am requesting an absentee ballot because:
   _____ I expect to be absent from the municipality on election day.
   _____ I cannot appear at the polling place on election day because of age (at least 70 years old), sickness, handicap, physical disability, (Also see #2 below) jury duty, service as an election official or religious reasons.
   _____ I changed residence within the state by moving to a different ward or municipality less than 10 days before the election.

   SIGNED ___________________________ RESIDENCE _______________________

   MAIL/DELIVER BALLOT TO: (Please Print)
   NAME ______________________________________________________________
   ADDRESS ___________________________________________________________
   CITY/STATE/ZIP ___________________________________________________

2. INDEFINITELY CONFINED ABSENTEE ELECTOR REQUESTING AN AUTOMATIC BALLOT FOR EACH ELECTION MUST CHECK BELOW:

   _____ I further certify that I am indefinitely confined because of age (at least 70 years old), illness, infirmity or disability.

   I request that an absentee ballot be automatically provided for every election until such time as I notify you or until such time as I fail to return a ballot.

3. HOSPITALIZED ELECTOR REQUESTING AN ABSENTEE BALLOT BY AGENT MUST COMPLETE THE FOLLOWING:

   _____ I certify that I cannot appear at the polling place on election day because I am hospitalized.

   I appoint ______________________ to serve as my agent pursuant to SS 6.86(3), Wis. Stats.

   WITNESS
   I certify that I am a resident of this absentee elector’s municipality and that the statements contained in this application are true to the best of my knowledge.

   Signed ______________________ Address __________________________
AGENT
I certify that I am the duly appointed agent of the hospitalized absentee
elector, that the absentee ballot to be received by me is received solely for the benefit of the above named hospitalized elector, and that such ballot will be promptly transmitted by me to that elector and then returned to the municipal clerk.
Signed______________________Address_______________________

CERTIFICATION OF ELECTOR ASSISTANCE

I certify that this application was completed as directed at the request and authorization of the elector named in this application. I certify that the named elector is unable to sign due to physical disability.

Signature of Assisting Elector