

The Center for Voter Information

601 Sawyer Ter #5528
Madison, WI 53705

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**VOTE AT HOME BALLOT REQUEST FORM
DO NOT DISCARD**

ELECTRONIC SERVICE REQUESTED

NONPROFIT
U.S. POSTAGE
PAID
PERMIT #2227
LANSDALE, PA



*****ECRWSH**C002

JANE Q SMITH
123 MAIN STREET
ANYTOWN, WI 12345

000043
0974436

Center For Voter Information

If you've already submitted a request for an absentee ballot for the August 9, 2022 Partisan Primary Election or to be on the annual absentee ballot list, there is no need to submit another request.

April 25, 2022

Dear Jane,

Wisconsin offers many convenient ways to vote in 2022 — vote by mail, voting early in-person, or voting on Election Day. I have enclosed an absentee ballot application already filled out with your name and address.

Voting by mail is EASY. Just sign, date, and complete the application. Drop it in the mail and you will receive a ballot from your local election office which you can complete and return without ever leaving your home. No waiting in line.

Be sure to fill in the circle in section 6 of the application to get an absentee ballot in all 2022 elections.

62% of voters in Wisconsin cast their ballots before election day in the 2020 election. Join them in 2022 by returning this application to vote by mail.

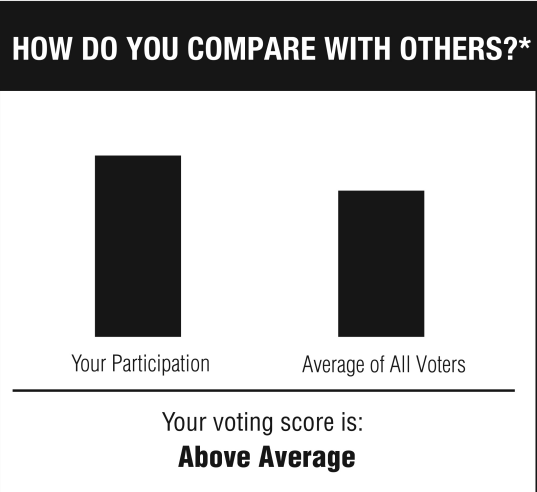
This report provides you with a helpful summary of how often you vote and how your voting compares with others in your state.

Your privacy is protected. If you use the enclosed envelope with pre-paid postage, your application will be delivered directly to your local election office.

You can check your ballot status at:
www.myvote.wi.gov/en-us/myvoterinfo

Sincerely,

Gail L. Kitch, Board Chair
Center for Voter Information



P.S. We have already filled in your name and address on the enclosed form. **Please take a minute to complete the form, sign and date it and place the form in the pre-addressed, postage-paid envelope.** Thank you.

*Your participation score was calculated by the Center for Voter Information using data from publicly available state voter files.

If you wish to be removed from our mailing list, email this code: WI2J00034456 to unsubscribe@centerforvoterinformation.org

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IT'S AS EASY AS 1-2-3

You're a voter, and for you, voting absentee by mail is simple. Here's how it works:

STEP 1: You complete, sign, and mail the form on the reverse of this sheet. Make sure to provide your current address.

If you have not previously provided a photo ID to vote by mail, you must send a copy of photo ID with this application.

STEP 2: Your municipal clerk's office mails you an absentee ballot.

STEP 3: You fill out the ballot and return it to your municipal clerk's office—by mail or at the clerk's office.

You may submit your application and a copy of your ID by mail, fax, email, or in person at your municipal clerk's office. For more information on acceptable photo ID, please visit **bringit.wi.gov**

You can also use this form to request an absentee ballot for every election this calendar year. Or sign up online at myvote.wi.gov/en-us/VoteAbsentee

SEE REVERSE FOR YOUR APPLICATION TO VOTE-BY-MAIL

For questions, please call your municipal clerk's office. You can find their phone number at
myvote.wi.gov/en-US/MyMunicipalClerk

	Wisconsin Application for Absentee Ballot				(Municipal Clerk) If in-person voter, check here: <input type="checkbox"/>
	Absentee ballots may also be requested at MyVote.wi.gov				
	Confidential Elector ID# <small>(HINDI - sequential #) (Official Use Only)</small>		WisVote ID # <small>(Official Use Only)</small>		Ward No.
Instructions	Detailed instructions for completion are on the back of this form. Return this form to your municipal clerk when completed. <ul style="list-style-type: none"> You must be registered to vote before you can receive an absentee ballot. You can confirm your voter registration at https://myvote.wi.gov PHOTO ID REQUIRED , unless you qualify for an exception. See instructions on back for exceptions.				
VOTER INFORMATION					
1	Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City	ANYMUNICIPALITY		County: ANYCOUNTY
2	Last Name		SMITH		First Name: JANE
	Middle Name	Q	Suffix (e.g. Jr, II, etc.)		Date of Birth <small>(MM/DD/YYYY)</small>
	Phone		Fax		Email
3	Residence Address: Street Number & Name		123 MAIN STREET		
	Apt. Number		City	ANYTOWN	State & ZIP: WI, 12345
4	Fill in the appropriate circle – if applicable (see instructions for definitions): <input type="radio"/> Military <input type="radio"/> Permanent Overseas <input type="radio"/> Temporary Overseas				
I PREFER TO RECEIVE MY ABSENTEE BALLOT BY: <small>(Ballot will be mailed to the address above if no preference is indicated. Absentee ballots may not be forwarded.)</small>					
5	<input type="radio"/> MAIL	Mailing Address: Street Number & Name			
	<input type="radio"/> VOTE IN CLERK'S OFFICE	Apt. Number		City	State & ZIP
		Care Facility Name (if applicable)			
		C / O (if applicable)			
	<input type="radio"/> FAX	Fax Number	<i>For Military and Overseas Voters Only</i>		Voter must have a computer and printer when receiving a ballot by fax or email. Voted ballots must be returned by mail.
<input type="radio"/> EMAIL	Email Address	<i>For Military and Overseas Voters Only</i>			
I REQUEST AN ABSENTEE BALLOT BE SENT TO ME FOR: (mark only one)					
6	<input type="radio"/> The election(s) on the following date(s): _____ <input type="radio"/> All elections from today's date through the end of the current calendar year (ending 12/31). <input type="radio"/> For indefinitely-confined voters only: I certify that I am indefinitely confined because of age, illness, infirmity or disability and request absentee ballots be sent to me automatically until I am no longer confined, or I fail to return a ballot. <i>Anyone who makes false statements in order to obtain an absentee ballot may be fined not more than \$1,000 or imprisoned not more than 6 months or both.</i> Wis. Stats. §§ 12.13(3)(i), 12.60(1)(b).				
TEMPORARILY HOSPITALIZED VOTERS ONLY (please fill in circle)					
7	<input type="radio"/> I certify that I cannot appear at the polling place on election day because I am hospitalized, and appoint the following person to serve as my agent, pursuant to Wis. Stat. § 6.86(3).				
	Agent Last Name		Agent First Name		Agent Middle Name
	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 or the proper polling place.				
	Agent Signature	X	Agent Address		
ASSISTANT DECLARATION / CERTIFICATION (if required)					
I certify that the application is made on request and by authorization of the named elector, who is unable to sign the application due to physical disability.					
Agent Signature	X	Today's Date			
VOTER DECLARATION / CERTIFICATION (required for all voters)					
I certify that I am a qualified elector, a U.S. Citizen, at least 18 years old, having resided at the above residential address for at least 28 consecutive days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting. Please sign below to acknowledge that you have read and understand the above.					
Voter Signature	X	Today's Date			

JANE Q SMITH
123 MAIN STREET
ANYTOWN, WI 12345



**NO POSTAGE NECESSARY.
POSTAGE HAS BEEN PAID.**



FIRST-CLASS MAIL
U.S. POSTAGE
PAID
CVI
IMB-POSTAGE

J000-0974136



CITY OF MILWAUKEE CLERK
200 E WELLS ST RM 501
MILWAUKEE, WI 53202