

CITY OF MILWAUKEE APPLICATION FOR ABSENTEE BALLOT
Please return this form to the City of Milwaukee Election Commission
200 East Wells Street, Room 501, Milwaukee, WI 53202
414-286-3491 / FAX 414-286-8445 / absenteeballot@milwaukee.gov

- YOU MUST BE REGISTERED TO VOTE AT YOUR **CURRENT** CITY OF MILWAUKEE ADDRESS IN ORDER TO RECEIVE AN ABSENTEE BALLOT.
 IF YOU HAVE NOT PREVIOUSLY PROVIDED PHOTO ID WITH AN ABSENTEE APPLICATION, **A COPY OF PHOTO ID MUST ACCOMPANY THIS FORM.**

REQUIRED INFORMATION

____ Voter Declaration: I certify that I am a qualified elector, a U. S. Citizen, at least 18 years old, having resided at the below residential address for at least 10 days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting.

SECTION 1: SELECT REQUESTED ELECTION DATE
(ALL REGULAR VOTERS MUST PROVIDE PHOTO ID, IF NOT PREVIOUSLY PROVIDED)

____ FALL GENERAL, NOVEMBER 8, 2016

OR, YOU MAY REQUEST THAT AN ABSENTEE BALLOT BE SENT FOR EVERY ELECTION BY CERTIFYING THE FOLLOWING:

____ I certify that I am indefinitely confined due to age, illness, infirmity or disability and request that an absentee ballot be sent to me for every subsequent election until I am no longer confined or fail to return a ballot for an election.
(INDEFINITELY CONFINED VOTERS ARE NOT REQUIRED TO PROVIDE A COPY OF PHOTO ID)

SECTION 2: VOTER INFORMATION

Last Name _____

First Name _____ Middle Name _____

Date of Birth (MM/DD/YY) _____ Telephone (____) _____

Residence Address _____ Apt. Number _____

CITY OF MILWAUKEE STATE OF WISCONSIN Zip Code _____

If mailing address is different than above address, send ballot to:

Your Name or name of person to send ballot in care of: _____

Nursing Home Name (If Applicable) _____

Mailing Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

 **SIGNATURE:** _____ **DATE:** _____

SECTION 3: MARK IF YOU ARE A _____ MILITARY OR _____ OVERSEAS ELECTOR (INDEFINITELY AWAY)

BALLOT DELIVERY INSTRUCTIONS FOR ACTIVE MILITARY AND OVERSEAS VOTERS:

I prefer to receive my absentee ballot by: _____ MAIL _____ FAX _____ EMAIL

FAX NUMBER (with area code): _____ - _____ - _____ EMAIL: _____