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

☑ **YOU MUST BE REGISTERED TO VOTE AT YOUR CURRENT CITY OF MILWAUKEE ADDRESS IN ORDER TO RECEIVE AN ABSENTEE BALLOT.**

☑ **IF YOU ARE FAXING YOUR APPLICATION, YOU MUST STILL MAIL YOUR ORIGINAL APPLICATION OR INCLUDE IT IN THE CERTIFIED RETURN MAILING ENVELOPE WITH YOUR VOTED ABSENTEE BALLOT, OR YOU BALLOT WILL NOT BE PROCESSED ON ELECTION DAY.**

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 DATES

MARK THE ELECTION(S) THAT YOU ARE REQUESTING TO RECEIVE AN ABSENTEE BALLOT:

_____ **FALL PRIMARY, SEPTEMBER 14, 2010** _____ **FALL GENERAL ELECTION, NOVEMBER 2, 2010**

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

_____ **I certify that I am indefinitely confined because of age, illness, infirmity or disability and request 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.**

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** _____

SECTION 3: BALLOT DELIVERY INSTRUCTIONS

I prefer to receive my absentee ballot by:

_____ **MAIL** _____ **FAX** _____ **EMAIL**

FAX NUMBER (including area code): _____ - _____ - _____

EMAIL ADDRESS: _____

NOTE: While ballots may be sent to voters by mail, fax or Email, an application with the original signature, the completed ballot and accompanying Certificate Envelope must be RETURNED BY MAIL OR DELIVERED to the City of Milwaukee Election Commission.

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

SECTION 4: Mark if you are a _____ Military or _____ Overseas Elector.

EB-121 (Rev. 06/2010) Dist___ Ward____ SVRS # _ _ _ _ _ _ _ _ _ _ Date_____ By_____ Status_____