

Permanent Absentee Ballot Request

Requestors must be registered to vote at their current address

I certify that I am indefinitely confined because of age, illness, infirmity or disability and request absentee ballots be sent to me until I am no longer confined or fail to return a ballot for an election.*

Name (please print) _____

Residence Address _____

Date of Birth ____ / ____ / ____

Mailing Address (if different than Residence) – Send ballot to:

If there is a problem and my ballot will not be counted, contact me at:

E-mail _____

Phone _____

Signature of Voter _____

*** To remain on the permanent absentee list, return your absentee ballot to the Clerk's Office every election.**

Return to: Office of the City Clerk
100 North Appleton Street, Appleton, WI 54911
Or send via e-mail to electionclerk@appleton.org