



# Permanent Absentee Ballot Request

**Note: In order to receive an absentee ballot, you must be a registered elector.**

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I certify that I am indefinitely confined because of severe and continued physical illness, disability or infirmities of aging, 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.

Name (please print) \_\_\_\_\_

Residence Address \_\_\_\_\_  
\_\_\_\_\_

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

**Note: To remain on the permanent absentee list, you must return your ballot for each election.**

Signature of Elector ✕ \_\_\_\_\_

Return to: Madison City Clerk  
City-County Building Room 103  
210 Martin Luther King, Jr., Blvd  
Madison, WI 53703