



Permanent Absentee Ballot Request

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

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