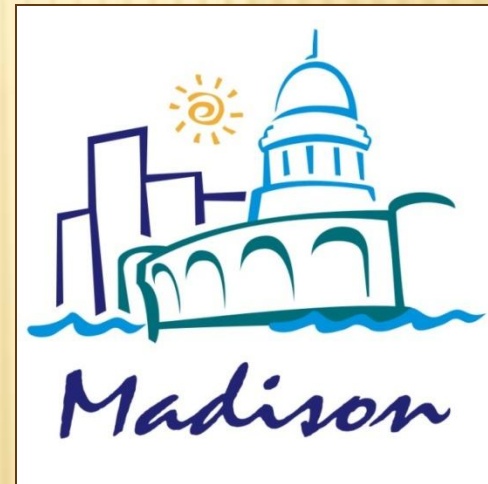
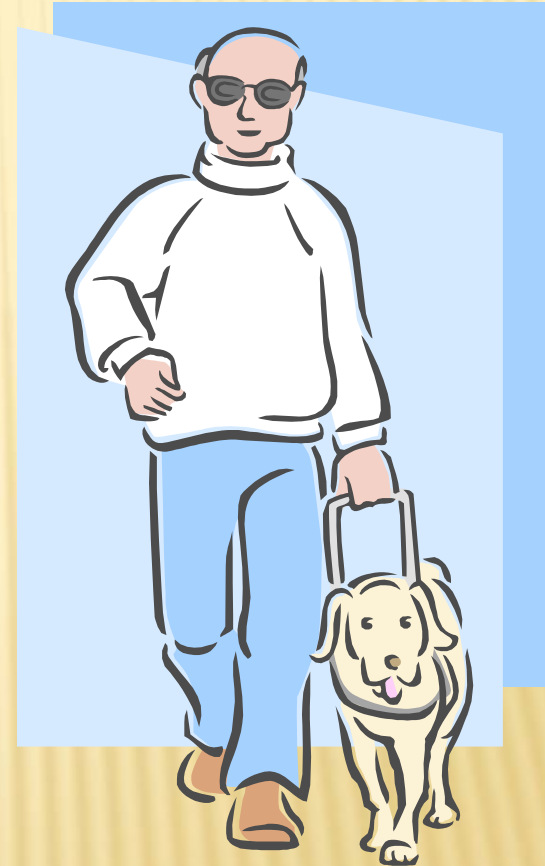


April 2010 Election Official Training:

ELECTION DAY PAPERWORK



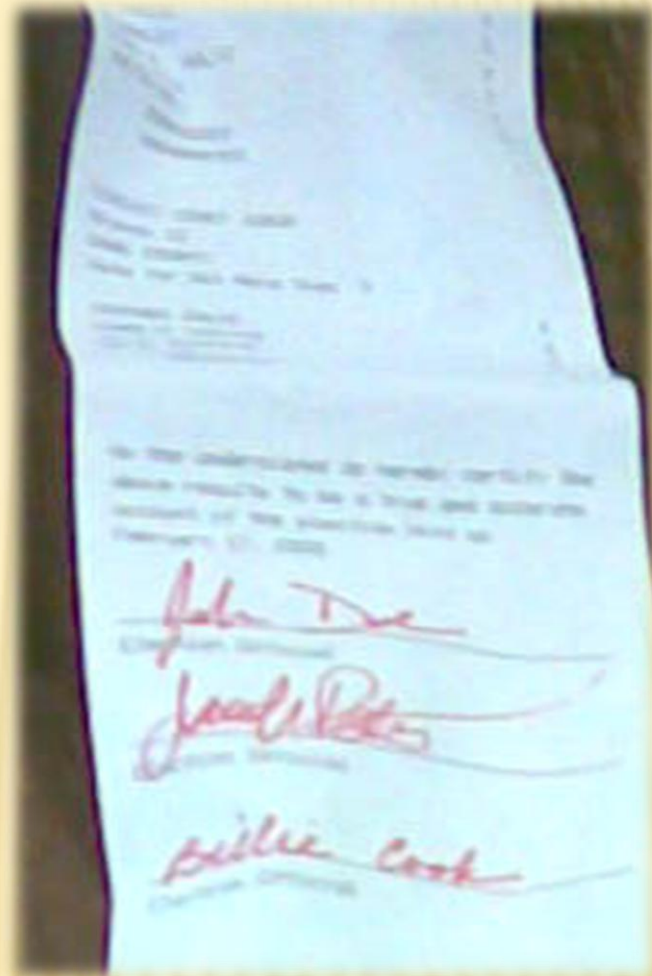
- ◆ Refrain from making comments about the voters.
- ◆ The votes on absentee ballots are confidential and should not be associated with a voter's name.
- ◆ Service animals are allowed in the polling place.



GENERAL REMINDERS

Sign the zero tape for every ward, even the wards with no voters.

Document the tabulator door seal number on the tabulator tape.



ZERO TAPE

Complete all documents found before the first tab in your Election Day binder, even for wards with no voters.

PAPERWORK TO COMPLETE

Inspectors' Statement Ward(s) «Wards», voting at «PollingPlace». Complete all highlighted items. Hand-deliver to Clerk's Office in city envelope.		
We, the undersigned election inspectors, certify the following is a true and correct statement for an election held in Ward(s) «Wards» of the City of Madison, Dane County, Wisconsin, on the 6 th day of April 2010.		
MUNICIPAL CLERK PROVIDES THE FOLLOWING: Tabulator Door Seal 1169«First». Tabulator Serial Number _____ * Prom Pack Seal _____		
VOTING EQUIPMENT CHAIN-OF-CUSTODY TO BE COMPLETED BY CHIEF INSPECTOR: The Prom Pack for this polling location was locked in the Tabulator, the door of which was sealed by the Clerk's Office at the public test of election equipment with seal 1169«First» . Verified: Pre-election verification _____ (initial).		
VOTER STATISTICS TO BE COMPLETED BY ELECTION INSPECTORS, VERIFIED BY CHIEF INSPECTOR: Total number of voters, absentee and in-person. Do not include Provisional voters. Number of last voter slip given out. Should equal number of ballots counted. Ward «First» _____ Ward «Wards» _____ Ward «Wards» _____ Ward «Wards» _____ Ward «Wards» _____ Ward «Wards» _____ ***** Number optical scan ballots counted by tabulator (# on results tape) Number on results tape. Should equal number of voters! Ward «First» _____ Ward «Wards» _____ Ward «Wards» _____ Ward «Wards» _____ Ward «Wards» _____ Ward «Wards» _____ ***** Ballots hand counted, if applicable _____ # Provisional ballots _____ *****		
<input type="checkbox"/> More voter slips were given out than ballots were counted. Number of excess slips given: _____ Explain discrepancy in Incident Log.		
<input type="checkbox"/> More ballots were counted than voter slips were given out. Number of excess ballots: _____ Explain discrepancy in Incident Log.		
***** Number of absentee ballots counted: Ward «First» _____ Ward «Wards» _____ Ward «Wards» _____		

Inspectors' Statement is now printed on two pages, in 14-point font.

Each highlighted item must be completed.

Indicate the number rejected for each reason below:

No Voter Signature _____ No Witness Signature _____
 Already Voted _____ Not Registered at Current Address _____
 Unsealed Envelope _____ No Original Request _____

VOTING EQUIPMENT/BALLOT CONTAINER CHAIN-OF-CUSTODY RECORD

- The Prom Pack for this polling location was locked in the Tabulator, the door of which was sealed with 1169«First».

Post-election verification _____ (initial).

- Seal on Tabulator door was intact throughout Election Day.
 - Yes No (Explain on Inspector's Statement)
- After the closing of the polls, the AutoMark Memory Card was removed from the AutoMark and Prom Pack was removed from the Tabulator. Both were sealed in the Prom Pack bag with seal number 36127«First» and hand-delivered to the City Clerk's Office. **(Do not remove the seal from the Prom Pack itself).**
- Ballots were sealed in ballot bag(s) with the following tamper-evident seal numbers:
Seal number for each ballot bag: _____, _____, _____.

<u>Signatures of Election Inspectors</u>	<u>Time Worked</u>
_____	<input type="checkbox"/> FULL DAY <input type="checkbox"/> A.M. SHIFT <input type="checkbox"/> P.M. SHIFT
_____	<input type="checkbox"/> FULL DAY <input type="checkbox"/> A.M. SHIFT <input type="checkbox"/> P.M. SHIFT
_____	<input type="checkbox"/> FULL DAY <input type="checkbox"/> A.M. SHIFT <input type="checkbox"/> P.M. SHIFT
_____	<input type="checkbox"/> FULL DAY <input type="checkbox"/> A.M. SHIFT <input type="checkbox"/> P.M. SHIFT
_____	<input type="checkbox"/> FULL DAY <input type="checkbox"/> A.M. SHIFT <input type="checkbox"/> P.M. SHIFT

CERTIFICATION OF CHIEF INSPECTOR: I certify that: I have completed the required training administered by the Government Accountability Board, and have been duly certified as a Chief Inspector. I served as the Chief Inspector for the election described above for the time period indicated below.

 (Signature of Chief Inspector) WORKED FULL DAY
 OR FROM _____ A.M./P.M. TO _____ A.M./P.M.

 (Additional Chief Inspector, if applicable) WORKED _____ A.M./P.M. TO _____ A.M./P.M.

INSPECTORS' STATEMENT

Municipal Clerk provides the following: Tabulator Door Seal 116979

Tabulator Serial Number 839271 ☆ Prom Pack Seal 3829753

Voting Equipment Chain-of-Custody to be completed by chief inspector:

The Prom Pack for this polling location was locked in the Tabulator, the door of which was sealed by the Clerk's Office at the public test of election equipment with seal **116979**.

Verified: Pre-election verification ITS (initial).

City Clerk's Office provides tabulator serial number, prom pack seal number, and tabulator door seal number.

Chief Inspector verifies tabulator door seal number election morning, and initials Inspectors' Statement.

VOTING EQUIPMENT CHAIN OF CUSTODY

- × VOTER STATISTICS TO BE COMPLETED BY ELECTION INSPECTORS, VERIFIED BY CHIEF INSPECTOR:
- × Total number of voters, absentee and in-person. Do not include Provisional voters.
- × Number of last voter slip given out. Should equal number of ballots counted.
- ×
- × Ward 79 142 Ward 80 284
- × ☆☆☆
- × Number optical scan ballots counted by tabulator (# on results tape)
- × Number on results tape. Should equal number of voters!
- ×
- × Ward 79 142 Ward 80 284
- × ☆☆☆

Record the number of voter slips given out for each ward.

Record the number of ballots counted by the tabulator for each ward.

The number of voter slips issues should match the number of ballots counted.

VOTER STATISTICS

Number of absentee ballots counted:

Ward 79 12 Ward 80 38

☆☆☆☆☆ *Continued on Next Page* ☆☆☆☆☆

Number of Rejected (not counted) Absentees 2

Indicate the number rejected for each reason below:

No Voter Signature 1

No Witness Signature 1

Already Voted _____

Not Registered at Current Address _____

Unsealed Envelope _____

No Original Request _____

Indicate number of absentee ballots counted and the number rejected.

ABSENTEE STATISTICS

VOTING EQUIPMENT/BALLOT CONTAINER CHAIN-OF-CUSTODY RECORD

The Prom Pack for this polling location was locked in the Tabulator, the door of which was sealed with **116979**. Post-election verification PTS (initial).

Seal on Tabulator door was intact throughout Election Day.

Yes No (Explain on Inspector's Statement)

After the closing of the polls, the AutoMark Memory Card was removed from the AutoMark and Prom Pack was removed from the Tabulator. Both were sealed in the Prom Pack bag with seal number **3612779** and hand-delivered to the City Clerk's Office. **(Do not remove the seal from the Prom Pack itself).**

Ballots were sealed in ballot bag(s) with the following tamper-evident seal numbers: **Seal number for each ballot bag: 8297380, _____, _____.**

Verify and initial that the tabulator door remained sealed all day.

Document the seal numbers used on the ballot bag(s).

SEAL DOCUMENTATION AND VERIFICATION

Signatures of Election Inspectors

Time Worked

Bertha Henry

FULL DAY A.M. SHIFT P.M. SHIFT

Eleanor Dallmann

FULL DAY A.M. SHIFT P.M. SHIFT

Esther Wileman

FULL DAY A.M. SHIFT P.M. SHIFT

CERTIFICATION OF CHIEF INSPECTOR: I CERTIFY THAT: I HAVE COMPLETED THE REQUIRED TRAINING ADMINISTERED BY THE GOVERNMENT ACCOUNTABILITY BOARD, AND HAVE BEEN DULY CERTIFIED AS A CHIEF INSPECTOR. I SERVED AS THE CHIEF INSPECTOR FOR THE ELECTION DESCRIBED ABOVE FOR THE TIME PERIOD INDICATED BELOW.

NORA STRICKER

(Signature of Chief Inspector)

WORKED FULL DAY

OR FROM _____ A.M./P.M. TO _____ A.M./P.M.

(Additional Chief Inspector, if applicable)

WORKED _____ A.M./P.M. TO _____ A.M./P.M.

Election Officials and Chief Inspector sign the Inspectors' Statement at the end of the night. Before you leave the polling place, ask if you need to sign the Inspectors' Statement, results tapes, tally sheets, certificate envelopes, or poll books.

SIGNATURES

Statistics from last election:

510 individuals worked at the polls.

488 were paid by the Clerk's Office (96%)

16 were paid by their employer (3%)

6 were volunteers who received no pay (1%).

4 Election Officials ages 18-25 (0.8%)

41 Election Officials ages 26-40 (8%)

124 Election Officials ages 41-60 (24%)

166 Election Officials ages 61-70 (33%)

175 Election Officials ages 71 or older (34%)

5 of Hispanic or Latino ethnicity (1%)

2 Asian (0.4%)

19 African-American (4%)

For comparison, 6.5% of City of Madison residents are of Hispanic or Latino ethnicity, 7.5% are Asian, and 5.9% are African-American.

ELECTION OFFICIAL STATISTICS

ELECTION OFFICIAL STATISTICS

The Government Accountability Board is requesting statistics on the number of Election Officials who work today, broken down by age group. The City Clerk's Office is requesting additional data, to help us determine how we are doing in recruiting a diverse pool of Election Officials. Please use tally marks to answer the questions below.

Total number of individuals working today:

_____ Election Officials

Number of Election Officials by age group:

16-17 _____ 18-25 _____ 26-40 _____ 41-60 _____
61-70 _____ 71+ _____

Number of Election Officials by gender:

Female: _____ Male: _____

Number of Election Officials by Ethnicity:

_____ **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

_____ **Not Hispanic or Latino**

Number of Election Officials by Race:

_____ **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

_____ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **Black or African American** - A person having origins in any of the Black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Sign the tally sheets for all wards, even the wards with no voters.

Ward 1 Write – In Tally Sheet
for the write-in votes cast in the City of Madison, County of Dane, State of Wisconsin, on April 7, 2009.

Certification - State of Wisconsin, County of Dane
We, the undersigned, certify that we are Election Inspectors for **Ward 1** of the City of Madison, State of Wisconsin, for the election held on April 7, 2009. We further certify that we have counted all the write-in votes cast in said ward, that the count was duly and legally made, and that those votes have been recorded on the write-in tally sheet, and this statement is correct.

(Signatures of 3 Election Officials, including the Chief Inspector)

State Superintendent of Public Instruction	Total Votes	Justice of the Supreme Court	Total Votes	Circuit Court Judge, Branch 6

“Mickey Mouse” or “Harry Potter” write-in

Record write-in on the write-in tally sheet.

Write-in for candidate already on the ballot

Record write-in on the write-in tally sheet. Vote will be added to the official tally by the Board of Canvassers.

WRITE-IN TALLY SHEETS

DEFECTIVE WRITE-INS

Write-in for “None of the Above”

On ballot, mark “Defective (or Bad) Ballot #1 – voter wrote a statement.” (Defective Ballots are numbered sequentially. You may have already remade some absentee ballots, in which case this would not be #1.)

The rest of the ballot has already been counted. On Incident Log, indicate “Defective (or Bad) Ballot #1,” reason ballot was defective, and that the ballot was not remade.

BLANK WRITE-INS

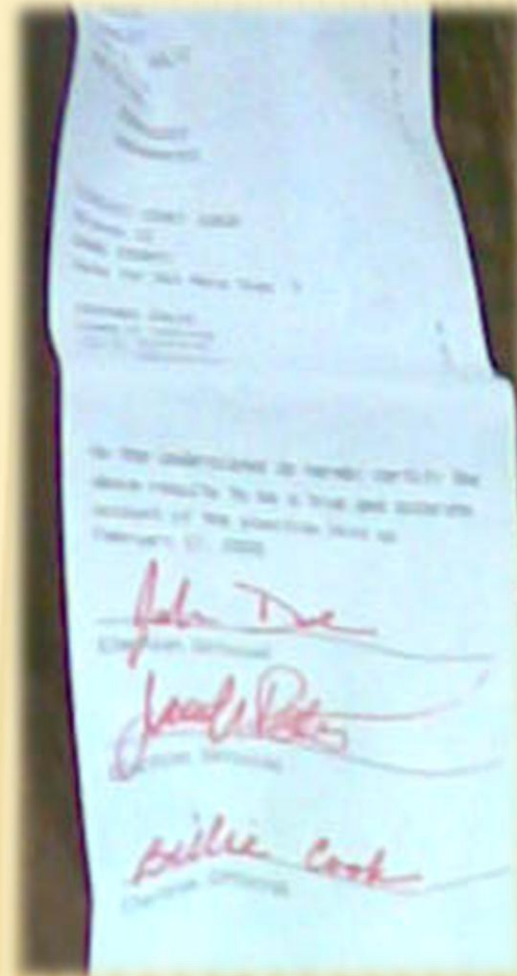
Write-in arrow is connected, but write-in is blank.

On ballot, mark “Defective (or Bad) Ballot #2 –write-in is blank.”

The rest of the ballot has already been counted.

On the Incident Log, write “Defective (or Bad) Ballot #2,” reason the ballot was defective, and that the ballot was not remade.

Sign the results tape for every ward, even the wards with no voters.



RESULTS TAPE

An odd number of Election Officials must sign the ballot bag certificate.

Record the seal number on the Inspectors' Statement!

311001 OFFICIAL ELECTIONS SEAL
Report immediately if "VOID" appears.

By: _____ Date: _____ Sealed with Seal # 0261495

BALLOT CONTAINER CERTIFICATE for Regular and Irregular Ballots

We, the undersigned election inspectors, certify that we placed the ballots and other election records required by s.7.51(3)(a), (c), (5), Wis. Stats., from 47 Ward(s) of the Town City Village of Madison Dane County, State of Wisconsin from the election held on April 7, 2009 in this container for delivery to the municipal clerk.

Laurie A. Wermster
Karen Baki
Betty Jones

Election Inspectors

Dated this 7th day of April, 2009

This container, sealed, with the ballots enclosed, shall be returned immediately to the municipal clerk. s.7.51(3)(a), (5), Wis. Stats. The municipal clerk shall provide for the delivery of county, state, federal and school ballots to the appropriate clerk. s.7.51(5), Wis. Stats. If the municipality has designated a central counting location pursuant to s.7.51(1), Wis. Stats., the municipal clerk or two inspectors shall transport the container to the central counting location designated by the municipal clerk. s.5.85(5), Wis. Stats.

ELECTION BALLOTS MAY ONLY BE DESTROYED UNDER THE PROVISIONS OF s.7.23(1)(h), (2), Wis. Stats.

EB-101 (Rev. 5/85) (Reformatted 6/00) The information on this form is required by s.7.51, Wis. Stats. This form is prescribed by the State Elections Board, 17 West Main Street, Suite 310, P.O. Box 2973, Madison, WI, 53701-2973, 608-266-8005, <http://elections.state.wi.us>, seb@seb.state.wi.us



BALLOT BAG

Three Election Officials must sign the Used Certificate Envelope of Absentee Electors.

**USED CERTIFICATE ENVELOPE
OF
ABSENTEE ELECTORS**

We certify that the used certificate envelopes of absentee ballots contained in this envelope were offered for voting at an election held in the _____ Ward(s)

of the town } of _____ County, Wisconsin
village }
city }

on the _____ day of _____

The certification on each absentee certificate envelope was executed in compliance with §s. 6.22, 6.24, 6.27, Wis. Stats. The ballots were placed in the proper ballot containers after a voter number was assigned to the absentee elector's name on the poll list, along with an indication that the elector voted absentee.

_____ }

_____ } Election Inspectors

Election Inspectors or Municipal Board of Absentee Ballot Canvassers (Election Officials)

- Election officials shall announce the name of each absentee elector.
- When the election officials find that the certification has been properly executed, and the absentee voter is a qualified elector of the ward and has not voted in the election, they shall assign a voter number to the elector's name on the poll list and enter an indication on the poll list that the elector voted absentee.
- The election officials shall open the envelope containing the ballots so as not to deface or destroy the certification.
- The election officials shall remove the ballots and deposit them in the proper ballot containers. §s. 6.22(3)(a), 7.52(3)(a), Wis. Stats.
- Used certificate envelopes of absentee voters who have cast ballots shall be placed in this carrier envelope and returned to the municipal clerk after the polls close or upon completion of the absentee ballot canvass. §s. 7.51(3)(c), 7.52(4)(b), Wis. Stats.

Municipal and County Clerks

- The municipal clerk is responsible for delivery of this envelope to the county clerk by 4 p.m. on the day following the election if a county, state or federal election is held in conjunction with the election for which these ballots were cast. If there is no county, state or federal election held in conjunction with this election, this envelope shall be kept by the municipal clerk or returned to the clerk responsible for administering the election for which the absentee ballots were cast. §s. 7.51(3)(c), (5), Wis. Stats.
- In the event of a recount, the county clerk or appropriate municipal clerk will return this envelope to the board of canvassers responsible for conducting the recount. §. 9.01, Wis. Stats.

EE-100 (Rev. 9/2007). The information on this form is mandatory & T.1(1)(g), Wis. Stats.
This form is prescribed by the State Elections Board, PO Box 3073, Madison, WI 53701-3073,
608-266-8002 <http://www.wisconsin.gov/elections>

This form is printed on a white envelope.

ABSENTEE CERTIFICATE ENVELOPE

An odd number of Election Officials must sign the Certificate of Rejected Absentee Ballots.

**CERTIFICATE
OF
REJECTED ABSENTEE BALLOTS**

We certify that the absentee ballots contained in this envelope were rejected by us at the election held in the _____ Ward(s)
of the

Town Village City	}	of _____ County, Wisconsin
-------------------------	---	----------------------------

on the _____ day of _____
for the reasons shown on the back of each certificate envelope. Each rejected certificate envelope was assigned a number and listed on the Inspectors' Statement (EB-104) prepared and filed by us with the election returns.

_____ }

_____ } **Election Inspectors**

Dated this _____ day of _____

Election Inspectors

- Ballots of absentee voters which are rejected pursuant to the provisions of s. 6.88, Wis. Stats., shall be kept in their certificate envelopes and returned enclosed in this carrier envelope to the municipal clerk.
- These ballots may not be counted, and the names of voters may not be entered on the poll list or assigned a number on the registration list.
- Each ballot should be numbered and the reason for rejection listed on the back of the ballot and on the Inspectors' Statement (EB-104).
- This envelope will be returned by the inspectors to the municipal clerk after the polls close. s. 6.88(3)(b), Wis. Stats.

Municipal and County Clerks

- The municipal clerk is responsible for delivery of this envelope to the county clerk by 4 p.m. on the day following the election if a county, state or federal election is held in conjunction with the election for which these ballots were cast. If there is no county, state or federal election held in conjunction with this election, this envelope shall be kept by the municipal clerk or returned to the clerk responsible for administering the election for which the absentee ballots were cast. s. 7.51(3)(c), (5), Wis. Stats.
- In the event of a recount, the county clerk or appropriate municipal clerk will return this envelope to the board of canvassers responsible for conducting the recount. s. 9.01, Wis. Stats.

EB-102 (Rev. 06/2007). The information on this form is required by s. 6.88(3)(b), Wis. Stats.
This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-4506,
seb@shs.wisconsin.gov, <http://elections.state.wi.us>

This form is printed on a brown envelope.

REJECTED ABSENTEE CERTIFICATE ENVELOPE

Provisional Envelope only needs to be completed if you had provisional voters.

Envelope is signed by an odd number of Election Officials.

**WISCONSIN INSPECTORS' CERTIFICATE
OF PROVISIONAL BALLOTS**

We certify that the provisional ballots contained in this envelope were cast by voters unable to provide the proof of residence required pursuant to ss. 6.36(2)(b)2., 6.97, Wis. Stats., or unable to provide the driver's license number required pursuant to s. 6.36(1)(a), Wis. Stats., at the election held in

the _____ Ward(s)

Of the

Town Village City	}	of _____
-------------------------	---	----------

 County, Wisconsin

On the _____ day of _____

Each provisional voter was assigned a serial number beginning PVA___. The number was recorded on the registration list, the back of the ballot, the Provisional Ballot Certificate Envelope (EB-123) and listed on the Inspectors' Statement (EB-104) prepared and filed by us with the election returns. Each voter was informed that in order for their ballot to be counted, they must provide the required proof of residence or driver's license number to the municipal clerk no later than 4:00 p.m. on the day after the election. Each voter was given "Provisional Voting Information" prepared by the Government Accountability Board.

_____ } Election
Inspectors

Dated this _____ day of _____

Election Inspectors

- Provisional ballots of voters unable to provide the proof of residence required by ss. 6.36(2)(b)2., 6.97, Wis. Stats., or the driver's license number required by s. 6.36(1)(a), Wis. Stats., shall be kept in their certificate envelopes.
- These ballots may not be counted, unless the voter returns with the required proof of residence or driver's license number before the polls close.
- The names of provisional voters are assigned a serial number (PVA___) that is recorded on the registration list.
- The PVA# is also recorded on the back of the ballot and on the Provisional Ballot Certificate Envelope (EB-123).
- The back of the ballot should be marked "Section 6.97," voted by the elector, placed in the completed provisional ballot certificate envelope and returned to the election inspectors.
- The inspectors make a notation (including the PVA#) that the voter was issued a provisional ballot on the Inspectors' Statement (EB-104).
- The completed provisional ballot certificate envelopes containing the voted ballots are placed in this carrier envelope.
- This envelope will be returned by the inspectors to the municipal clerk after the polls close. s. 6.97, Wis. Stats.

Municipal Clerks

- The municipal clerk shall promptly notify the appropriate boards of canvassers that the clerk has provisional ballots that may be counted if the voter provides the required proof of residence or driver's license number by 4:00 p.m. on the day following the election. The municipal clerk shall make arrangements for the delivery of any ballots that should be included in the canvass if the voter provides the required proof of residence or driver's license number. s. 6.97(3), Wis. Stats.

EB-106 (Rev. 8/2006). The information on this form is required by ss. 6.36(2)(b)2., 6.97, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 2973, Madison, WI 53701-2973, 608-248-8056, email: gab@wis.gov, website: <http://gab.wis.gov>

This form is printed on a (insert color) envelope.

PROVISIONAL BALLOT CERTIFICATE ENVELOPE

An odd number of Election Officials must sign the last page of each poll list, even the poll lists with no voters.

Record the page number of the last voter. If the last voter was a new registration, write “New Registration.”

Indicate the number of absentees for that ward.

Election: _____ Date: _____

Ward: _____

Municipality: _____

Polling Location: _____

Certification

We certify that the attached list contains all the names of persons voting at the election held on _____, and that it contains all the information about the electors required by law. We further certify that this list is true, correct and complete.

Total Number of Voters Printed on the Poll List: _____

Last Voter Number: _____

Page Number of Last Voter: _____

Number of Absentee Electors: _____

Election Inspector Signatures:

1. _____
Chief Inspector

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____
Election Inspectors

The information on this form is required by ss. 8-79(1)(4)(f), 8-82(1)(a)(2)(c), 8-88(7)(a), Stats.

EB-107c

POLL BOOK CERTIFICATION FORM

Payroll Reminders:

- ◆ Print name legibly.
- ◆ Indicate pay source.
- ◆ Check training.
- ◆ Indicate a.m. or p.m.
- ◆ List both start & end times.

4/10 Payroll for Election Officials

«PollingPlace», Ward(s) «Wards»



- Indicate **AM** and **PM**. Do not use military time.
- Round hours to the nearest ¼ **hour** to speed up payroll process.
- Paychecks will be mailed approximately **3 weeks** after the election.
- Incomplete payroll sheets delay the payroll process for **everyone**.
- **Volunteer Election Officials** are not reimbursed for training or parking.
- **Employer-paid Election Officials** are not reimbursed for training or parking.

Name (please print legibly)	Pay Source (check one)	Attended Training In-Person	Election Day Start	Election Day Finish
Chief Inspector:	<input type="checkbox"/> Clerk <input type="checkbox"/> Employer <input type="checkbox"/> High School <input type="checkbox"/> No Pay (Volunteer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
	<input type="checkbox"/> Clerk <input type="checkbox"/> Employer <input type="checkbox"/> High School <input type="checkbox"/> No Pay (Volunteer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
	<input type="checkbox"/> Clerk <input type="checkbox"/> Employer <input type="checkbox"/> High School <input type="checkbox"/> No Pay (Volunteer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm

PAYROLL

Check Voter Registration for:

- ◆ Driver's License or Social Security Number
- ◆ Voter Name
- ◆ Date of Birth
- ◆ Madison Address
- ◆ Signatures
- ◆ Proof of Residence

This form is available in an accessible format, upon request.

SWS Wisconsin Statewide Suffrage		Wisconsin Voter Registration Application		<input type="checkbox"/> Submitted by Mail (Use no hash)								
Conditional Excess for Post-Submission Error on Doc.		SVRS ID # (00000000)										
Instructions for completing sections 1-12 are on the back of this form. Return this form to your municipal clerk, unless directed otherwise. <ul style="list-style-type: none"> • Please use uppercase (CAPITAL) letters only. • Fill in circles as appropriate. • NOTE: If this is a change of address, then upon completion of this application your voting rights will be cancelled at your previous residence. • If you have not voted in WI and are submitting this application by mail, you must also provide a copy of an acceptable proof of residence. 												
1 <input type="radio"/> New WI Voter <input type="radio"/> Name Change <input type="radio"/> WI Address Change Municipality: <input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City: MADISON County: DANE												
2 Wisconsin Driver License/ID Number: A123-4567-8910-10 <input type="checkbox"/> I have neither a WI Driver License/ID nor a Social Security Number. Social Security Number - Last Four Digits (only if no license/ID number): X X X - X X -												
3 Print your name exactly as it appears on the document, the number of which you provided in Box 2. (Driver License/ID Card or Social Security Card) Last Name: DOE First Name: JANE Middle Name: ANNE Suffix (e.g. Jr, III, etc): Phone #: Date of Birth (MM/DD/YYYY): 1/30/1985 Email Address:												
4 Current Residency Address: Street Number & Name: 205 STATE ST Apt. Number: 4 City: MADISON State: WI ZIP + 4: 53703												
5 Mailing Address: Street Number & Name: Apt. Number: City: State: ZIP + 4:												
6 PREVIOUS Last Name: First Name: Middle Name: Suffix (e.g. Jr, III, etc): Address: Street Number & Name: 1234 HIGH AVE Apt. Number: City: JANESVILLE State & Zip + 4: WI 53545												
8 Please answer the following questions by filling in "Yes" or "No": <table border="0"> <tr> <td>1. Are you a citizen of the United States of America?</td> <td><input checked="" type="radio"/> Yes</td> <td><input type="radio"/> No</td> <td rowspan="2">If you filled in "No" in response to EITHER of these questions, do not complete this form.</td> </tr> <tr> <td>2. Will you be 18 years of age on or before election day?</td> <td><input checked="" type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> </table>						1. Are you a citizen of the United States of America?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If you filled in "No" in response to EITHER of these questions, do not complete this form.	2. Will you be 18 years of age on or before election day?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
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9 I certify that I am a qualified elector, a U.S. citizen, at least 18 years old or will be at least 18 years old at the time of the next election, having resided at the above 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. I certify that all statements on this form are true and correct. If I have provided false information I may be subject to fines or imprisonment under State and Federal laws. If completed on election day, I further certify that I have not voted at this election. (Please fill in circle) <input checked="" type="radio"/>												
10 Accommodation needed at poll location (e.g. wheelchair access): <table border="0"> <tr> <td><input type="checkbox"/> I am interested in being a poll worker.</td> <td> <input checked="" type="checkbox"/> Mark crossroads <input checked="" type="checkbox"/> *X* where you live <input type="checkbox"/> *Use dots for landmarks </td> <td> If you do not have a street number or address, use the map to show where you live. Example: </td> </tr> </table>						<input type="checkbox"/> I am interested in being a poll worker.	<input checked="" type="checkbox"/> Mark crossroads <input checked="" type="checkbox"/> *X* where you live <input type="checkbox"/> *Use dots for landmarks	If you do not have a street number or address, use the map to show where you live. Example:				
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11 Signature of Elector: x Jane Doe Today's Date (MM/DD/YYYY): 04/01/2008 Official Use Only: Election Day Voter #: 124												
12 Corroborator/Assistant Signature: Corroborator/Assistant Address: <table border="0"> <tr> <td>Official Use: Proof of residence tool</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Utility Bill</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Official Use: Proof of Residence #</td> <td>452879</td> </tr> </table>						Official Use: Proof of residence tool	<input checked="" type="checkbox"/>	Utility Bill	<input checked="" type="checkbox"/>	Official Use: Proof of Residence #	452879	
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Official Use: Proof of Residence #	452879											
13 Official's Signature: Betty Green SRDs printed name and SRD#:												
14 Ward 41 Sub Dist: Alder: City Supr: Cl of App: Assembly: St Senate: Congress:												

EB-131 (UNSHADED) WITHOUT HASH MARKS (REV 01-2008)

VOTER REGISTRATION



THANK YOU!
