



Permanent Absentee Ballot Request

You must be registered to vote at your residence address.

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:

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: Madison City Clerk
210 Martin Luther King, Jr., Blvd #103, Madison, WI 53703
Or send via e-mail to voting@cityofmadison.com