



市辦事員辦公室

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www.cityofmadison.com/election • www.cityofmadison.com/voto • MyVote.WI.gov
電話: (608) 266-4601 • 傳真: (608) 266-4666

缺席投票說明

2022年大選

隨函附上您的**2022年11月8日選舉**的材料。其包括以下內容：

- 您的正式選票
- 這些說明
- 您的回信信封

Instrucciones en español: www.cityofmadison.com/voto

我們希望您的選票能被統計！

我們的目標是不讓任何麥迪遜市的缺席選票在投票時被拒絕。使用本指南以幫助您計劃並準備成功進行缺席投票。

在選舉日之前標示、密封、簽名並送還您的選票

1 找個見證人 <ul style="list-style-type: none">● 您必須在見證人在場的情況下投票● 任何成年的美國公民都可以作為見證人 (除了選票上的候選人)。如果您居住在美國境外，您的見證人不需要是美國公民。	5 在信封背面簽名 <ul style="list-style-type: none">● 閱讀缺席信封上的聲明，並在標有選民簽名(Signature of Voter)的空白處簽名。
2 檢閱您的信息 <ul style="list-style-type: none">● 確認您信封標籤上的地址是正確的。如果不正確，請立即使用以上的電話號碼與我們聯繫。	6 見證人：簽名並用印刷體填寫地址 <ul style="list-style-type: none">● 讓您的見證人閱讀見證人證明聲明，在信封底部簽名，並在簽名下方寫下其地址 (需要門牌號碼、街道名稱和市鎮)。
3 標記您的選票 <ul style="list-style-type: none">● 向您的見證人表明您的選票沒有標記。● 使用藍色或黑色墨水的筆在您的見證人面前標記您的選票。	7 檢閱您的證書信封 <ul style="list-style-type: none">● 使用本頁另一側的圖像來確保完成您的缺席證明。

4 密封您的選票 <ul style="list-style-type: none">● 將您的選票放入隨附的信封裡。● 密封信封。不要在信封裡放其他東西。	8 退還您的缺席選票 <ul style="list-style-type: none">● 您的選票必須在選舉日（2022年11月8日）晚上 8:00之前交回，以便計票。
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翻頁

檢☒您的證書信封

使用右側的圖像確保您的缺席證明信封是完整的。

- 確保標籤上的信息正確無誤。如果您的姓名或地址不正確，請立即致電 (608) 266-4601 聯繫麥迪遜市辦事員辦公室。
- 在選民簽名 (Signature of Voter) 線上簽名。
- 確認您的見證人已在見證人簽名 (Signature of Witness) 線上簽名。
- 確認您的見證人在簽名下方的空白處寫下其地址 (需要門牌號碼、街道名稱和市鎮)。

在選舉日晚上8:00之前交回您的選票

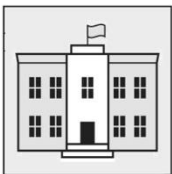
有兩種方式可以送回您的選票：



郵寄您的選票

在美國境內郵寄選票無需郵費。
您的選票必須在 2022年11月8日
之前收到。

為安全起見，請務必在選舉日前
至少一周將選票放入郵箱。



親自送回您的選票

您可以將選票退回到市辦事員辦
公室或到我們的現場缺席投票站
點之一。

有關投遞選票的更多信息，請訪
問

www.cityofmadison.com/election。

您的選票必須在2022年11月8日之
前收到。

如果在選舉日當天退回選票，請
將其帶到您的投票站。

OFFICIAL ABSENTEE BALLOT APPLICATION / CERTIFICATION

Note: With certain exceptions, an elector who mails or personally delivers an absentee ballot to the municipal clerk at an election is not permitted to vote in person at the same election on Election Day. Wis. Stat. § 6.86(6).

Name & address label affixed by City
Clerk's Office

(Official Use Only) Voter has met or is exempt from the photo ID requirement. *mlw*

VOTER: Complete the information below and sign the certification in the presence of a witness who must also sign.

CERTIFICATION OF VOTER

I certify, subject to the penalties for false statements of Wis. Stat. § 12.60(1)(b), that I am a resident of the ward of the municipality in the county of the state of Wisconsin indicated hereon, and am entitled to vote in the ward at the election indicated hereon; that I am not voting at any other location in this election; that I am unable or unwilling to appear at the polling place in the ward on election day, or I have changed my residence within the state from one ward to another later than 28 days before the election. I certify that I exhibited the enclosed ballot, unmarked, to the witness, that I then in the presence of the witness and in the presence of no other person marked the ballot and enclosed and sealed the ballot in this envelope in a manner that no one but myself and any person providing assistance under Wis. Stat. § 6.87(5), if I requested assistance, could know how I voted. I further certify that I requested this ballot.



Voter signs here

Signature of Voter

Today's Date

MILITARY AND OVERSEAS VOTER ONLY:

I further certify my birth date is: _____/_____/_____

CERTIFICATION OF WITNESS

I, the undersigned witness, subject to the penalties for false statements of Wis. Stat. § 12.60(1)(b), certify that I am an adult U.S. Citizen and that the above statements are true and the voting procedure was executed as stated. I am not a candidate for any office on the enclosed ballot (except in the case of an incumbent municipal clerk). I did not solicit or advise the voter to vote for or against any candidate or measure. I further certify that the name and address of the voter is correct as shown.



Witness signs here

Signature of Witness (who is an adult U.S. Citizen)



Witness address here: include house
number, street name, and municipality

CERTIFICATION OF ASSISTANT (IF APPLICABLE)

(assistant may also be witness)

I certify that the voter named on this certificate is unable to sign his/her name or make his/her mark due to a physical disability, and that I signed the voter's name at the direction and request of the voter.



Signature of Assistant

GAB-122 | Rev 2015-05 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | 608-261-2028 | web: gab.wi.gov | email: gab@wi.gov



追蹤您的選票 - [MyVote.wi.gov](https://www.MyVote.wi.gov)

使用MyVote.wi.gov上的選民☑找工具檢☑您退回的缺席選票的狀態。請注意，辦事員辦公室在選舉日後需要至少30天才能手動更新“My Vote”網站上顯示的選民參與記錄。