

# Elector Request for Confidential Listing

I request that my name and address be treated as confidential, that this information be suppressed on any poll list and be withheld from public inspection. I have provided one of the following documents, as required by Section 6.47(2), Wis. Stats:

- Protective order that is in effect
- Affidavit dated within 30 days of the date of the request
- Statement signed by the operator or an authorized agent of the operator of a shelter, that is dated within 30 days of the date of the request, which indicates that the operator operates the shelter and that the individual making the request resides in the shelter
- Statement which includes the full name of the individual, that is signed by an authorized representative of a domestic abuse or sexual assault victim service provider, and that indicates the individual received services from that provider within the 24-month period ending on the date of the statement.

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SIGNATURE OF ELECTOR REQUESTING CONFIDENTIALITY _____		DATE
LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		
CITY	STATE	ZIP CODE

*If, due to a disability, elector designates someone to complete the section above:*

SIGNATURE OF DESIGNEE OF ELECTOR _____		DATE
LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		
CITY	STATE	ZIP CODE

Submit form to City Clerk.

Information on this form shall be treated as confidential as prescribed in s.6.47, Wis. Stats.