



# Permanent Absentee Ballot Request

You must be registered to vote at your residence address.

I certify that I am indefinitely confined because of age, physical illness, infirmity, or disability, and I 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 #105, Madison, WI 53703  
Or send via e-mail to [voting@cityofmadison.com](mailto:voting@cityofmadison.com)