

<b>Identification Serial Number</b> _____ (for office use only)
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## 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 Wis. Stat. §6.47(2):

- 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, that indicates that the operator operates the shelter and that the individual making the request resides in the shelter
- Statement which includes the individual's full name, 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.
- Affidavit of participation in the program established under Wis. Stat. §165.68.

The information on this form shall be treated as confidential as prescribed in Wis. Stat. §6.47.

Signature of elector requesting confidentiality		Date of signing	
Last Name (please print)	First Name		Middle Initial
Street and number	Municipality (indicate <input type="checkbox"/> town <input type="checkbox"/> village <input type="checkbox"/> city)		Zip code
	, WI		

Signature of designee of elector with disabilities		Date of signing	
Last Name (please print)	First Name		Middle Initial
Street and number	Municipality (indicate <input type="checkbox"/> town <input type="checkbox"/> village <input type="checkbox"/> city)		Zip code
	, WI		