City/Town/Village of [MUNICIALITY] – [COUNTY] County [DATE]

[CLERK NAME]/ Municipal Clerk

[CLERK ADDRESS]

[CLERK PHONE NUMBER]

[VOTER NAME]

[VOTER ADDRESS]

Dear [VOTER],

Our records indicate that we did not receive an absentee ballot from you for [ELECTION] on [DATE]. Our office is responsible for comparing the list of indefinitely confined absentee ballot voters to those voters who cast and returned an absentee ballot during this election. Wis. Stat. § 6.86(2)(b).

It is our responsibility to notify you your name will be removed from the list of permanent absentee voters, unless you submit the renewal request below to our office within 30 days of the date of this notification. Failure to do so within the 30-day period will cause your name to be removed from the list of permanent absentee voters. Please note, the removal of your name from this list does not affect your voter registration.

If you have moved since you last filled out an absentee application you will need to re-register and provide proof of residence, along with a new absentee application.

If you have any questions regarding this notice, please contact our office at [CLERK PHONE NUMBER], or [CLERK EMAIL]. Thank you!

Sincerely,

[CLERK NAME]

Municipal Clerk

**Request for Renewal of Permanent Absentee Ballot**

I request an absentee ballot be sent to me as provided by Wis. Stat. § 6.86 (2)(a), and I certify I am a United States Citizen, age 18 or older, and I have resided at my legal voting address for at least 28 days.

I further certify I am indefinitely confined because of age, illness, infirmity or disability. I request an absentee ballot be automatically provided for every election until such time as I notify you or until such time as I fail to return an absentee ballot.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [VOTER NAME]

 (Signature of Absentee Elector)