



Return
Postage
Required

CLERK
MUNICIPALITY NAME
STREET ADDRESS
CITY, STATE, ZIP CODE



APPLICATION FOR CONTINUATION OF REGISTRATION

I hereby certify that I still reside at the address listed below and apply for continuation of registration.

Voter Name:
Street Address:
City, State and Zip:

Signature: _____ Date _____

If you have changed your residence within the State of Wisconsin, or changed your name, YOU SHOULD NOT SIGN the above statement and are directed to complete a new Application for Voter Registration (EB 131), which can be found at the Government Accountability Board website: www.gab.wi.gov.

MUNICIPALITY WITH HINDI (JURISDICTION)
Voter Number

