

CLERK
MUNICIPAL NAME
STREET ADDRESS
CITY, STATE, ZIP CODE



Bulk
Mail
Permit #



Return
Postage
Required

Return Service Requested

Municipality Name - Ward #
County Name
Congressional District #

NOTICE OF SUSPENSION OF REGISTRATION

VOTER NAME
STREET ADDRESS
CITY, STATE ZIP CODE

CLERK
MUNICIPALITY NAME
STREET ADDRESS
CITY, STATE, ZIP CODE



NOTICE OF SUSPENSION OF REGISTRATION

You are hereby notified that your voter registration will be suspended, according to state law, for failure to vote within the previous 4-year period, unless you apply for continuation of your registration within 30 days. You may continue your registration by signing the statement on the other side of this postcard and returning it to your municipal clerk's office by mail or in person.

If you have changed your residence or changed your name, please contact your municipal clerk and complete a new voter registration form. Municipal Clerk contact information can be found on the G.A.B. website: gab.wi.gov/clerks/directory

If you have any questions regarding this notice please contact the G.A.B. Help Desk at (608) 261-2028 or gabhelpdesk@wi.gov.

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 re-register at **My Vote Wisconsin** website: myvote.wi.gov. Choose your voter category. Enter your name and date of birth. Select **Update Voter Information** and complete the Voter Registration process.

MUNICIPALITY WITH HINDI (JURISDICTION)
Voter Number
Mailing ID Barcode
Mailing ID Number