



Sanitary District	Referendum	<b>Official Primary Ballot Nonpartisan Office and Referendum February 15, 2022 for</b>	
<b>Sanitary District Commissioner Vote for 1</b>	To vote in favor of a question, fill in the oval next to "Yes," like this: <input type="radio"/>	_____	
<input type="radio"/> Candidate	To vote against a question, fill in the oval next to "No," like this: <input type="radio"/>	Municipality and ward number(s)	
<input type="radio"/> Candidate	<b>Level of government conducting referendum (State, tech college, county, municipal, school district)</b>	_____	
<input type="radio"/> Candidate		<b>Ballot issued by</b>	
<input type="radio"/> write-in:	Question (number if necessary)	_____	
<b>School District</b>		_____	
<b>Name of School District (optional) School Board Member Vote for not more than...</b>	<input type="radio"/> Yes	_____	
<input type="radio"/> Candidate	<input type="radio"/> No	Initials of election inspectors	
<input type="radio"/> Candidate		<b>Absentee ballot issued by</b>	
<input type="radio"/> Candidate		_____	
<input type="radio"/> Candidate		Initials of Municipal Clerk or Deputy Clerk	
<input type="radio"/> Candidate		_____	
<input type="radio"/> Candidate		If issued by SVDs, both must initial	
<input type="radio"/> write-in:		<b>Certification of Voter Assistance</b>	
<input type="radio"/> write-in:		I certify that I marked or read aloud this ballot at the request and direction of a voter who is authorized under Wis. Stat. §6.82 to receive assistance.	
		_____	
		Signature of assistor	
<b>For Official Use Only</b>		<b>Inspectors:</b> Identify ballots required to be remade:	
		<input type="checkbox"/> Overvoted <input type="checkbox"/> Damaged <input type="checkbox"/> Other	
		If this is the <b>Original Ballot</b> , write the serial number here:	If this is the <b>Duplicate Ballot</b> , write the serial number here:
		_____	_____
		_____	
		Initials of inspectors who remade ballot	
<b>Continue voting at top of next column.</b>			