The Center for Voter Information

601 Sawyer Ter #5528 Madison, WI 53705

©2016-2022 The Center for Voter Information All Rights Reserved.



VOTE AT HOME BALLOT REQUEST FORM DO NOT DISCARD

ELECTRONIC SERVICE REQUESTED



Information of the information o

000002 0974420

Center For Voter Information

If you've already submitted a request for an absentee ballot for the August 9, 2022 Partisan Primary Election or to be on the annual absentee ballot list, there is no need to submit another request.

CWI V2003

April 25, 2022

Dear Jane,

Wisconsin offers many convenient ways to vote in 2022 — vote by mail, voting early in-person, or voting on Election Day. I have enclosed an absentee ballot application already filled out with your name and address.

Voting by mail is EASY. Just sign, date, and complete the application. Drop it in the mail and you will receive a ballot from your local election office which you can complete and return without ever leaving your home. No waiting in line.

Be sure to fill in the circle in section 6 of the application to get an absentee ballot in all 2022 elections.

62% of voters in Wisconsin cast their ballots before election day in the 2020 election. Join them in 2022 by returning this application to vote by mail.

Thank you for voting in 2020! We hope that you will vote again in this upcoming election.

Your privacy is protected. If you use the enclosed envelope with pre-paid postage, your application will be delivered directly to your local election office.

You can check your ballot status at: www.myvote.wi.gov/en-us/myvoterinfo

Sincerelv. Gaul X. Autch

Gail L. Kitch, Board Chair Center for Voter Information

P.S. We have already filled in your name and address on the enclosed form. **Please take a minute to complete the form, sign and date it and place the form in the pre-addressed, postage-paid envelope.** Thank you.

If you wish to be removed from our mailing list, email this code: WI2J00916334 to unsubscribe@centerforvoterinformation.org

This mailing has been paid for by the Center for Voter Information (CVI). CVI is a non-government, nonprofit, 501(c)(4) organization. (866)-377-7396 www.centerforvoterinformation.org. CVI is not affiliated with state or local election officials. © 2016-2022 The Center for Voter Information. All Rights Reserved.

	can hang on your			AUGUST	AUGUST		
	S	Σ	┣	Ν	F	4	
			7	M	4	άΣ •	 Request Your Mail Ballot By:
۵œ́ш	Ballot Must Be Received By Election Office	ic Be	0	10	1	2	13
°	On Election Day	Day	16	1	18	19	20
	21	22	23	24	25	26	27
	28	29	OM	3			

ſ

J000-000001 1 of 2 0974503

—

GCC/BT

IT'S AS EASY AS 1-2-3

You're a voter, and for you, voting absentee by mail is simple. Here's how it works:

STEP 1: You complete, sign, and mail the form on the reverse of this sheet. Make sure to provide your current address.

If you have not previously provided a photo ID to vote by mail, you must send a copy of photo ID with this application.

STEP 2: Your municipal clerk's office mails you an absentee ballot.

STEP 3: You fill out the ballot and return it to your municipal clerk's office–by mail or at the clerk's office.

You may submit your application and a copy of your ID by mail, fax, email, or in person at your municipal clerk's office. For more information on acceptable photo ID, please visit **bringit.wi.gov**

You can also use this form to request an absentee ballot for every election this calendar year. Or sign up online at myvote.wi.gov/en-us/VoteAbsentee

SEE REVERSE FOR YOUR APPLICATION TO VOTE-BY-MAIL

For questions, please call your municipal clerk's office. You can find their phone number at myvote.wi.gov/en-US/MyMunicipalClerk

5m		Wisc	con	sin /	Арр	licatio	on fo	r Ab	ser	nte	e Bal	lot	(Municipa voter, che	I Clerk) If in eck here:	-person
٤	Absentee ballots may also be requested at MyVote.wi.gov													_	
2	Confidential E (HINDI - sequentia		se Only)			WisVote ID # (Official Use Only)							v	Vard No.	
Instr	Detailed instruction		•								•	•		•	
Instructions	You must be regined in the regi												ration at <u>r</u>	ittps://my	vote.wi.gov
			iniess	you qua		an except	011. 366	mstruc	,0015			ceptions.			
VOIE	R INFORMATION	Town													
1	Municipality O		AN YM	IUNIC	IPALI	ΤY					County	ANYCOU	INTY		
	Last Name SMITH First Name JANE														
2	Middle Name	Q			Suffix	(e.g. Jr, II, etc.)					Birth				
	Phone			Fax						ail					
3	Residence Address:	Street Nur	mber 8			23 MAIN	STRE	ΞT				-1			
	Apt. Number	C	City	AN Y1	TOWN					St	ate & ZIP	WI, 12345	5		
4	Fill in the appropriate of	ircle – if app	plicable	e (see in:	structior	ns for definit		-	Ailitary		-	nanent Oversea	-		
I PRE	FER TO RECEIV	E MY AE	BSEN	ITEE I	BALL	OT BY:					to the addi iy not be fo	ress above if n prwarded.)	io preferei	nce is ind	licated.
	O MAIL	Mailing A	Addres	s: Stree	et Number & Name										
	VOTE IN	Apt. Number				City						Stat	te & ZIP		
5	O CLERK'S OFFICE	Care Facility Name (if applicable) C / O (if applicable)													
5	OFFICE	C / O (if	applica	able)											
	O FAX	Fax Num	nber		For Military and Overseas Voters Only				y	Voter must have a computer and printer when receiving a ballot by fax or email. Voted ballots must be returned by mail.					
	O EMAIL	Email Ad	ldress		For N	lilitary and	Oversea	as Votei	rs Onl	у	mu	st be returned	by mail.		
I REQ	UEST AN ABSEI		ALLO	T BE	SEN	Г ТО МЕ	FOR:	(mark o	only o	ne)					
	O The election(s) o	n the follov	wing da	ate(s):											
6	-					of the curre	nt calen	dar yea	r (end	ing	12/31).				
	 All elections from today's date through the end of the current calendar year (ending 12/31). For indefinitely-confined voters only: I certify that I am indefinitely confined because of age, illness, infirmity or disability and request absentee ballots be sent to me automatically until I am no longer confined, or I fail to return a ballot. Anyone who makes false statements in order to obtain an absentee ballot may be fined not more than \$1,000 or imprisoned not more than 6 months or both. Wis. Stats. §§ 12.13(3)(i), 12.60(1)(b). 													es false	
TEMP	ORARILY HOSP	ITALIZE	D VC	TER		Y (please	e fill in ci	rcle)							
	O I certify that I can my agent, pursua					on election	n day be	cause I	am ho	ospi	talized, an	d appoint the f	following p	person to	serve as
	Agent Last Name				Agent First Name			e				Agent Mid	Idle Name		
7	AGENT: I certify that I am the duly appointed agent of the hospitalized absentee elector, that the absentee ballot to be received by me is received solely for the benefit of the above named hospitalized elector, and that such ballot will be promptly transmitted by me to that elected and then returned to the municipal clerk or the proper polling place.														
	Agent Signature	Х				۵	gent Add	ress							
ASSIS	STANT DECLARA	ATION /	CER	TIFIC		(if require	ed)								
I certify	that the application is i	made on re	equest	and by	authoriz	zation of th	e named	elector	, who	is ur	nable to sig	n the applicati	on due to	physical	disability.
Agent Signatur	re X					Т	oday's Da	ate							
-		N / CER	TIFIC	ΑΤΙΟ	N (req	uired for al	l voters)	I							
immedia	that I am a qualified ele ately preceding this ele ting. Please sign belo	ction, not c	urrentl	y servin	ng a ser	ntence inclu	uding pro	bation o	or parc	ole f	or a felony				
Voter Signatur	e X					Т	oday's Da	ate							
	Rev 2020-06 Wiscons	in Elections	Comm	ission, F	P.O. Box	7984, Mad	ison, WI	53707-7	984 6	08-2	266-8005 w	eb: elections.w	<u>i.gov</u> ema	ail: <u>electior</u>	ns@wi.gov

J000-0974420



JANE Q SMITH 123 MAIN STREET ANYTOWN, WI 12345



NO POSTAGE NECESSARY. Postage has been paid.

