# Elector Decline of Absentee Ballot

**In Residential Care Facilities and Retirement Homes**

Date

Name of location

Street address

, WI

Municipality name

(indicate Town, Village or City, i.e., “Town of Leeds”)

## Voter declines to cast a ballot for this election, but wishes to maintain his/her status as an indefinitely confined or calendar year voter:

Printed name of elector

Printed name of elector

Printed name of elector

Printed name of elector

Printed name of elector

Printed name of elector

## Voter declines to cast a ballot for this election, and does not wish to maintain his/her status as an indefinitely confined or calendar year elector:

Printed name of elector

Printed name of elector

Printed name of elector

Printed name of elector

Printed name of elector

Printed name of elector

Signature of Special Voting Deputy #1 Signature of Special Voting Deputy #2

**EL-126** | 2015-11 | Wisconsin Elections Commission, P.O. Box 7984, Madison, WI 53707-7984 608-261-2028 | web: elections.wi.gov | email: [elections@wi.gov](mailto:elections@wi.gov)