(Official Use Only) The vo					ement. Municipal or Deputy Clerk
initial here:		•	•	•	
Note: With certain except	ions, an elector permitted to vot	who mails or per e in person at the	rsonally a same e	delivers a election o	nn absentee ballot to the municipal n Election Day. Wis. Stat. §6.86(6).
Voter: Please comple					he presence of your witness.
Place your voted ballot inside the envelope and seal it. Do not use tape or glue.					
Complete the s		•	leted I	y the c	elerk.
Provide your VOTING address.  Date of Election (month, day, year)  County					
Municipality (check type	and list nam	e) Town 🗖	Villaç	je □	City  of
Voter's Name (Last, First, Middle) including suffix (Please print legibly)					
Street Address-Provide house number and street name or fire number and street name. OR					
If your rural address doe number and box no.	s not include a	house number/	fire nun	nber and	street name, provide rural route
City					Zip Code
,				WI	
Official use only:	Vard #	District (if appli	cable)		Voted in clerk's office
3 Sign and date to	his section.				
that I am unable or unwilling to appear at the polling place in the ward on election day, or I have changed my residence within the state from one ward to another later than 28 days before the election. I certify that I exhibited the enclosed ballot, unmarked, to the witness, that I then in the presence of the witness and in the presence of no other person marked the ballot and enclosed and sealed the ballot in this envelope in a manner that no one but myself and any person providing assistance under Wis. Stat. § 6.87(5), if I requested assistance, could know how I voted. I further certify that I requested this ballot.  X REQUIRED - Voter Signature  A Signature of Voter A (All voters must sign.)  Today's Date					
REQUIRED OF MILITARY AND OVERSEAS VOTER ONLY: I further certify my birth date is: //					
Have your witne	-				
CERTIFICATION OF WITNESS (signature and address of witness are required)					
I, the undersigned witness, subject to the penalties for false statements of Wis. Stat. § 12.60(1)(b), certify that I am an adult U.S. Citizen and that the above statements are true and the voting procedure was executed as stated. I am not a candidate for any office on the enclosed ballot (except in the case of an incumbent municipal clerk). I did not solicit or advise the voter to vote for or against any candidate or measure. I further certify that the name and address of the voter is correct as shown.					
REQUIRED - Witness Signature					
▲ Signature of ONE adult U.S. citizen witness▲  2 REQUIRED - Witness Address					
▲ If witnesses are Special Voting Deputies, <b>both</b> must sign. ▲					
▼ Address of witness or addresses of both SVDs ▼ 1.					
2.					
Provide house number and street name or fire number and street name, city, state and zip code. OR If your rural address does not include a house number/fire number and street name, provide rural route					
number and box number, city, state and zip code.  CERTIFICATION OF ASSISTANT (if applicable) - assistant may also be witness					
I certify that the voter na to a physical disability ar	med on this ce	ertificate is unab	le to sig	n his/her	r name or make his/her mark due on and request of the voter.
X ▲ Signature of Assis	stant A				
		4-5 davs for de	eliverv	to ensu	re your ballot is received by

BALLOT CANNOT BE CAST UNLESS IT INCLUDES THESE THREE THINGS.

1) VOTER SIGNATURE

- 2) WITNESS SIGNATURE
- 3) WITNESS COMPLETE ADDRESS

Election Day. Ballots received after Election Day will NOT be counted.