

TOWN OF OSCEOLA

Polk County, Wisconsin

www.townofosceola.com

APPLICATION FOR AN ABSENTEE BALLOT

I certify that I am a qualified elector, a U.S. citizen, at least 18 years old, having resided at the following residential address for at least 10 consecutive days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting. Please sign below to acknowledge that you have read and understand the above.

Signature: _____ Date: _____

Regular absentee voters, including those temporarily overseas, are required to provide a photo ID before being sent an absentee ballot. However, once photo ID is provided, an absentee voter does not need to resubmit photo ID when requesting an absentee ballot by mail for future elections, as long as they have not moved or changed their name.

- I request an absentee ballot for the following elections:
 - December 19, 2017
 - All elections from today's date through the end of the current year (ending 12/31).
- I certify that I am indefinitely confined because of age, illness, infirmity or disability, and request an absentee ballot be sent to me for every subsequent election until I am no longer confined or fail to return a ballot for an election.

PLEASE PRINT:

Name: _____

Address: _____
Street City/State Zip Code

Date of Birth: _____ Phone Number _____

MAILING ADDRESS (If Different Than Address Listed Above) May not be forwarded.

Name: _____

Address: _____
Street City/State Zip Code

EMAIL OR FAX (Ballot will be mailed to the above address if no preference is indicated)

Email Address: _____ Fax Number: _____

Office Use Only

Ward _____ School Dist _____ District _____ Date Requested _____ Date Mailed _____ Voted in Office _____