



Hospitalized Absentee Ballot Request

You must be registered to vote at your residence address. If you are not yet registered, you can register through your agent.

I request an absentee ballot for the election held on: _____

Name (please print) _____

Residence Address _____

Signature of Elector ✕ _____

I certify that I cannot appear at the polling place on election day because I am hospitalized, and appoint the following person to serve as my agent, pursuant to s.6.86(3), Wis. Stats:

Agent Name (please print) _____

Agent Address _____

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 elector and then returned to the municipal clerk or the proper polling place.

Signature of Agent ✕ _____

Return to: Madison City Clerk
210 Martin Luther King, Jr., Blvd #103, Madison, WI 53703