

Permanent Absentee Ballot Request

You must be registered to vote at your residence address.

I certify that I am indefinitely confined because of age, physical illness, infirmity, or disability, and I 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.*

Name (please print) _____

Residence Address _____

Mailing Address (if different than Residence) – Send ballot to: _____

If there is a problem and my ballot will not be counted, contact me at:

E-mail _____

Phone _____

Signature of Voter ✕ _____

*To remain on the permanent absentee list, return your absentee ballot to the Clerk's Office every election.

Return this letter to your municipal clerk.