



Return application to:
City of Delafield
500 Genesee Street
Delafield WI 53018

APPLICATION FOR AN ABSENTEE BALLOT

I certify that I am registered to vote, a United States citizen, age 18 or older, and that I have resided at the following address, which is my legal voting address, for at least 10 days before the election for which I am applying for an absentee ballot.

- I request an absentee ballot for the following 2010 elections: _____ April 6, 2010
_____ September 14, 2010
_____ November 2, 2010

- 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 Zip Code

Date of Birth: _____

MAIL BALLOT TO (if requested):

Name: _____

Address: _____
Street City Zip Code

Signature: _____ Date: _____

<u>Office Use Only</u>	
Ward _____	School Dist _____
Voted In Office _____	
Date Ballot Mailed _____	