



Important Reminders

Office of the City Clerk • www.StoughtonCityClerk.com

Please allow 5 days for your absentee ballot to be delivered through the mail

OR

Personally return it to City Hall. Voters with disabilities are entitled to receive assistance completing and returning their ballot.

To ensure your vote counts:

- Sign the envelope in section 2 (**purple arrow**).
- Have a witness fill out section 3. A witness can be any adult US citizen that is not a candidate for office on the ballot (**blue arrow**).
- Your witness must write their address (**red arrow**).
- Make sure you seal your voted ballot inside the envelope.
- Return by mail or to City Hall by 4:00 p.m. on Election Day (the earlier the better)! After this you can return your ballot to your polling location.

If any of the required information above is missing, your ballot will not be counted.

If you have questions please call City Hall at 608-873-6677 or email voting@cityofstoughton.com.

Official Absentee Ballot Certificate & Application

CLERK or DEPUTY >>> Initial Here >>> In-person absentee voter showed valid POI _____ Voter exempt from or met POI requirement _____

STEP 1 CLERK or VOTER must complete this part

Voter Information / / Election Date (mm/dd/yyyy)

City Name:
 Village Name:
 Town Name:

Name (Last, First, Middle)

Street Address

County City

State Zip Ward Ald. Dist

STEP 2 VOTER must complete this part

I certify, subject to the penalties for false statements of Wis. Stat. § 12.60(1)(b), that:

- I am a resident of the ward or of the aldermanic district of the municipality in the county of the state of Wisconsin indicated hereon OR I am entitled to vote in the ward or aldermanic district at the election indicated hereon
- I am not voting at any other location in this election
- 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 less than 28 days before the election
- I displayed the ballot unmarked to the witness and in the presence of no other person marked the ballot and enclosed and sealed it in this envelope in a manner that no one but myself and an assistant under s. 6.87 (5), if I requested assistance, could know how I voted
- I requested this ballot and this is the original or a copy of that request

X

Voter Signature

Certification of Assistant (if applicable)
 I certify that the voter is unable to sign their name due to a disability and that I signed the voter's name at the direction and request of the voter

Assistant Signature

STEP 3 WITNESS must complete this part

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
- 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 cause the elector to vote for or against any candidate or measure

WITNESS REQUIRED

X

Witness Signature

Witness Printed Name

Witness Address (Number, Street Name, City)