



Attachment “B”

Pride of the Ojibwe

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ABSENTEE BALLOT REQUEST

I, the undersigned, hereby request an “Absentee Ballot” for the upcoming election.

On the date of the election I will not be able to be in attendance at the polling site due to:

_____.

(Only those in a Medical Facility or Military Service can vote by “Absentee Ballot”. Include address of Medical Facility/Military Base so this can be verified).

PRINTED NAME

MEDICAL FACILITY/MILITARY BASE

MAILING ADDRESS

MAILING ADDRESS

CITY / STATE / ZIP CODE

CITY / STATE / ZIP CODE

SIGNATURE

DATE