

Confidential Voters

Eligibility

Voters affected by domestic abuse, sexual assault, or stalking may register as confidential voters:

Confidentiality

The names and addresses of confidential voters are not included in voter lists released by the state.

The names and addresses of confidential voters are not included in the alphabetical listing of voters on the poll book. Confidential voter names and unique identifying numbers are listed in the back of the poll book, on a page that is not open to public inspection.

When voting at the polls or voting absentee in the Clerk's Office, confidential voters do not state a name and address. Instead, they present a confidential voter card from the Clerk's Office. Confidential voters are exempt from showing voter ID.

Registering

Confidential voter registration is only available in the office of your municipal clerk. City of Madison residents may register confidentially in the Madison City Clerk's Office, located in room 103 of the City-County Building (210 Martin Luther King, Jr., Boulevard).

Madison City Clerk's Office

We exist to assist.

voting@cityofmadison.com

608-266-4601

Twitter: @MadisonWIClerk

210 Martin Luther King Jr Blvd #103
Madison, WI 53703

Hours:
8 a.m. – 4:30 p.m.

www.cityofmadison.com/election

My Vote WI

<https://MyVote.wi.gov>

4/27/2015

Confidential Voter Registration



Our goal is for each eligible voter to be able to cast a ballot and have that ballot counted.

Required Documentation

Voters registering confidentially must submit a request in writing (you may use the form on the right) and present one of the following documents:

- Restraining order or injunction currently in effect
- Affidavit from Chief of Police, Sheriff, or District Attorney dated within last 30 days
- Signed statement from the operator or agent of a shelter, dated within last 30 days, indicating that the voter resides in the shelter
- Statement signed by a representative of a service provider for survivors of domestic abuse or sexual assault, indicating that the voter received services from that provider within 24 months of the date on the statement

Proof of Address

If the voter who is requesting a confidential listing is not already registered to vote, the voter will need to show the Clerk’s Office one of the following documents with their current name and address:

- Government document or check
- WI driver license or WI state ID card
- Utility bill from last 90 days (water, gas, electric, cable, internet, phone)
- Bank or credit union statement
- Property tax bill or receipt
- Paycheck
- Residential Lease
- Affidavit on letterhead from a public or private social service agency that is providing services to a homeless voter
- College fee statement from last 9 months, with student ID

Elector Request for Confidential Listing

I request that my name and address be treated as confidential, that this information be suppressed on any poll list and be withheld from public inspection. I have provided one of the following documents, as required by Section 6.47(2), Wis. Stats:

- Protective order that is in effect
- Affidavit dated within 30 days of the date of the request
- Statement signed by the operator or an authorized agent of the operator of a shelter, that is dated within 30 days of the date of the request, that indicates that the operator operates the shelter and that the individual making the request resides in the shelter
- Statement which includes the individual’s full name, that is signed by an authorized representative of a domestic abuse or sexual assault victim service provider, and that indicates the individual received services from that provider within the 24-month period ending on the date of the statement.
- The information on this form shall be treated as confidential as prescribed in s.6.47, Wis. Stats.

Signature of elector requesting confidentiality

Date

Last Name (please print)

First Name

Middle Initial

Street and number

City

State

Zip Code

If, due to a disability, elector designates someone to complete the section above:

Signature of designee of elector with disabilities

Date

Last Name (please print)

First Name

Middle Initial

Street and number

City

State

Zip Code

Submit form to City Clerk. Information on this form shall be treated as confidential as prescribed in s.6.47, Wis. Stats.