Voter Registration Application															
Instructions	Instructions for completing sections below are on the back of this form. Return this form to the municipal clerk, unless directed otherwise. * Please print neatly. Fill in circles as appropriate. * NOTE: If this is a change of address, then upon completion of this application, your voting rights will be canceled at your previous residence. * If you have not voted in WI and are submitting this application by mail, you must also provide a copy of an acceptable proof of residence.														
1	O Ne	w Voter	Municipality: CITY OF SUPERIOR												
		me Change dress Change	County:	County: DOUGLAS											
2 WI Driver License/ID Number											on Date	0			
-	(DL # required if issued) Social Security Number - Last Four Digits (if DL not issued or not current and valid) X X X - X X										I	I have neither a WI Driver License/ID nor a Social Security Number.			
		Print your name	rint your name exactly as it appears on the document, the number of which you provided in Box 2 (Driver License /ID Card/or Social Security Card).												
•		Last Name									Suffix (e.g.	Jr. II , etc.)			
3	Current	First Name							dle Nam	ne	_				
		Date of Birth							Phone Number						
4		Address Street Number & Name											Apt Number		
		City SUPERIOR						St	State WI			Zip	54880		
5		Mailing Address				T									
		City						Sta	State			Zip			
6	Pre	Last Name									Suffix (e.g.	Jr. II, etc.)			
	Previou	First Name							dle Nam	ne		T			
7	S	Address: Street Number & Name										Apt Number			
8	Accom	City nmodation needed	d at poll loc	ation (e.g.)	wheelchair a	access)		Sta	te			Zip			
9		ise answer t ire you a citize				- Č	ing in "Yes" O Yes	Or "NO" O No							
		Vill you be 18					_	O No							
		-	_	_			ns, do not complete	this form							
10	I certify, to the best of my knowledge, that I am a qualified elector, a U.S. citizen, at least 18 years old or will be at least 18 years old at the time of the next election, having resided at the above residential address for at least 28 consecutive days immediately preceding this election with no present intent to move. I am not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting. I certify that all statements on this form are true and correct. If I have provided false information I may be subjected to fine or imprisonment under State and Federal laws. If completed on Election Day: I further certify that I have not voted at this election. Please sign below to acknowledge that you have read and understand the above.														
Falsif	icatio	n of informatio	n on this	form is p	ounishable	e under	Wisconsin law as	s a Class I	l felony	/.					
11	Signature of Elector Date														
Official Office Use Only:															
Election Official or Special Registration Deputy Signature															
Proof Ward	of Resi	of Residence/ID: Alder- Co. Sup			Proof # Confidential Elector ID			Election Day Voter # SVRS ID#							
waid		Aluer- Co. Sup		Confide			nual Elector ID #	5	2 N K 2 IU#						