-16 V

CITY OF MILWAUKEE ELECTION COMMISSION
ELECTION DAY VOTER REGISTRATION APPLICATION

VOTING QUALIFICATIONS

✓ ***By marking this circle, I certify that I am a qualified elector:***

- ✓ I am a United States citizen
- ✓ I am at least 18 years old
- ✓ I am not currently serving a sentence, including probation, parole, or extended supervision, for a felony conviction
- ✓ I have lived at my address for at least 10 days preceding this election with no immediate intent to move
- ✓ I am not otherwise disqualified from voting
- ✓ I have not already voted in this election, including by absentee ballot

If you do not meet EACH of these qualifications, you are not qualified to register. Do NOT complete form.

- ○ I was **previously registered** to vote in Wisconsin, but my **name and/or address** has changed
  NOTE If this is a change of address, your voting rights will be cancelled at your previous residence.
- ⊗ I am a **new** Wisconsin voter

IDENTIFICATION

VOTER: If you have been issued a Wisconsin Driver License (WI DL) or a WI State Identification (ID), you must record your WI DL or ID number even if your address has changed. If you have never been issued a WI Driver License or State ID, you must record the last four (4) digits of your Social Security Number (SSN)

You will need to provide additional proof of residence if your WI DL or ID address is not current or you record a SSN.

WI Driver License OR State ID #: _____

Social Security Number # XXX-XX-[redacted]

○ Check this circle if you have never been issued a WI Driver License, WI ID or a Social Security Number

CURRENT

PRINT your name EXACTLY as it appears on your identification - WI DL/ID or SSN (as recorded above):

Last Name: Collins	Middle Name/Initial (if any on ID): L
First Name: Russell	Circle. Jr., Sr., II, III, IV
Address 1018 N 35th Street	Apt./Unit Number
Date of Birth (Month/Day/Year) [redacted]	Telephone Number: (414) 264-2406
City of Milwaukee, WI	Zip Code: 53208

PREVIOUS

If your name and/or address has changed since you last registered, what was your previous name/address?

Last Name	First Name	Middle
Address		Apt./Unit Number
City:	State	Zip Code

All statements on this form are true and correct. If I have provided false information, I may be subject to fine or imprisonment under State and Federal laws.

➡ Russell Collins — 4/5/11

VOTER SIGNATURE HERE — **Date (Month/Day/Year)**

○ I would like information on serving as a City of Milwaukee election worker.

REGISTRAR SECTION

Election Date: 4/5/11 **District:** 15 **Ward:** 307

⚠ **PROOF OF RESIDENCE Type:** B. Ath Cert **Document Number:** [redacted]

Mark Circle if. ✓ Corroborating Witness Provided Proof of Residence ✓ Voter Received Assistance with Form

Corroborating Witness or Assistant Print Name Lena Taylor owner of 1018 N 35th

Corroborating Witness or Assistant Signature Lena J Taylor

Corroborating Witness or Assistant Address 4039 N 15th

Registrar Print Name: Martina Moss

Registrar Signature: Martina Moss

Voter Number: 203

OFFICE USE ONLY District: 15 Ward: 307 NV ✓ AC ___ NC ___ DUP ___

SVRS ID# 07119 45210 Init / Date: CA 4-28-11