

APPLICATION FOR A VOTE BY MAIL BALLOT

Name _____ Last _____ First _____ M.I. _____ Suffix _____

Contact Info
E-mail Address: _____
Phone Number: _____

Registration Address
Address _____ Unit/Apt _____ City/Town _____ Zip _____
Precinct _____

Mailing Address for Ballot
 Send my Vote by Mail Ballot to the address above (Mark box for this option)
OR MAIL TO:
Address _____ Unit/Apt _____ City/Town _____ Zip _____

Vote by Mail Application Info
 I would like a vote by mail ballot for ONLY the upcoming election: _____ Election Date _____
 I would like a vote by mail ballot for ALL FUTURE GENERAL AND CONSOLIDATED elections that I am eligible to vote in
 I would like a vote by mail ballot for ALL future elections, including primary elections, that I am eligible to vote in. (If you wish to receive a ballot at primary elections, you must designate below which party ballot you wish to receive.)

Primary Ballot Choice: Democratic Republican Non-Partisan

****NOTE:** If "Non-Partisan" is chosen, and there is not a non-partisan ballot for a primary election, you will not receive a ballot for that election unless you submit a one-time vote by mail application declaring a party for that election only.

I hereby certify that I have lived at said address for 30 days or more preceding this election, that I am lawfully entitled to vote in such precinct at said election, to be held therein, and that I wish to vote by vote by mail ballot. I hereby make application for an official ballot or ballots to be voted by me at such election, and I agree that I shall return such ballot or ballots to the official issuing the same prior to the closing of the polls on the date of the election, or, if returned by mail, postmarked no later than midnight election day, for counting no later than during the period for counting provisional ballots, the last day of which is the 14th day following election day.

Sign Here Under penalties as provided by law pursuant to 10 ILCS 5/29-10, I certify that the statements set forth on this application are true and correct.

Signature or Mark _____ Date _____

RETURN COMPLETED APPLICATION TO:
Shelby County Clerk
P.O. Box 230, Shelbyville, IL 62565
Or e-mail to: shcoclerk@shelbycounty-il.gov