APPLICATION FOR VOTE BY MAIL BALLOT

Applicant’s Name

For Election Authority’s Use Only

- Ballot Style:
- Voter ID:

For Election Judge’s Use Only

- Initials:
- Voter’s Consecutive Number:

Date of Election

To be voted at the Election

(Primary Only) I request a ballot for the: 

[ ] Check here if you would like a nonpartisan ballot (referenda only)

Under penalties as provided by law pursuant to 10 ILCS 5/29-10, the undersigned certifies that the statements set forth in this application are true and correct.

Signature of Applicant

Today’s Date

Address to which ballot should be mailed:
(if different from above)

IMPORTANT:
You must return the completed and signed application to the election authority with jurisdiction over your registration.

Mail To:
Danville Election Commission
201 N. Vermilion Street, Lower Level
Danville, IL 61832
lclark@vercountyil.gov