

APPLICATION FOR PERMANENT VOTE BY MAIL STATUS

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|-------------------------|--|
| Applicant's Name | |
| Street Address | |
| City, State, Zip | |
| County | |
| Date of Birth* | |
| Phone Number* | |
| Email* | |

| For Election Authority's Use Only | |
|-----------------------------------|--|
| Ballot Style: | |
| Voter ID: | |

| For Election Judge's Use Only | |
|-------------------------------|--|
| Initials: | |
| Voter's Consecutive Number: | |

*Optional information; even though this is not required, providing it may aid in the processing of your ballot

I am currently a registered voter and wish to apply for permanent vote by mail status.

I state that I reside at the address specified above, in the stated municipality and county, that I have resided at such address for at least 30 days; that I am lawfully entitled to vote at the next regularly scheduled election, and that:

I wish to vote by mail in all subsequent elections that do not require a party designation.

- or -

I wish to vote by mail in all subsequent elections and wish to receive the party ballot indicated below in all elections that require a party designation.

Democratic

Republican

Other* _____

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 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.

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)

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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 St., Lower Level
Danville, IL. 61832
lclark@vercountil.gov**

*Voter will only receive a primary ballot if the party listed is an established party in a race in which the voter is entitled to vote.