APPLICATION FOR PERMANENT ACCESSIBLE VOTE BY MAIL STATUS

Applicant's Name			For Election Authority's Use Only			
Street Address				Ballot Style:		
Street Address				Voter ID:		
City, State, Zip						
County				For Election Judge's Use Only		
Date of Birth*				Initials:		
Phone Number*				Voter's Consecutive Number:		
Email*						
Precinct						
,	, , ,	r aid in the processing of your ballot for permanent vote by mail				
- or - I wish that recurrence I hereby make application ballots to the official issurant later than election day, for following election day.	o vote by mail in all subsequire a party designation. Democratic for an official ballot or baing the same prior to the cor counting no later than designs.	closing of the polls on the uring the period for counti	o receiv Oth such el date of ng provi	e the party ballot indica er* ection, and I agree that the election or, if return sional ballots, the last	t I shall return such ballot on ned by mail, postmarked no day of which is the 14 th day	
		ately and independently m		•	making a request to receive y mail ballots.	
Under penalties as provio are true and correct.	led by law pursuant to 10 I	LCS 5/29-10, the undersig	ned cer	tifies that the statement	ts set forth in this applicatior	
	Signature of Applica	ant		Toda	ay'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:

^{*}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.