APPLICATION FOR VOTE BY MAIL BALLOT

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Applicant's Name			For Election Authority's Use Only		
Street Address			Ballot Style:		
Olicel Address			Voter ID:		
City, State, Zip					
County			For Election .	Judge's Use Only	
Date of Birth*			Initials:		
Phone Number*			Voter's Consecutive Number:		
Email*			(Primary Only) I request a ballot for the: ———————————————————————————————————		
To be voted at the	Election				
Date of Election					
Precinct					
*Optional information; even though	n this is not required, providing it may aid in the processing of your ballot				
days or more preceding wish to vote by vote by m I hereby make a ballot or ballots to the copostmarked no later than is the 14th day following a I understand that in this application and the subsequent election.	application for an official ballot or ballots to be voted official issuing the same prior to the closing of the n election day, for counting no later than during the pelection day. at this application is made for an official vote by mail that I must submit a separate application for an official sas provided by law pursuant to 10 ILCS 5/29-10, the	by me at so polls on the period for co ballot or ba ial vote by	et at said election to be uch election, and I ag ne date of the election ounting provisional ballots to be voted by mail ballot or ballots	ree that I shall return succon or, if returned by mai allots, the last day of which at the election specified to be voted by me at an	
	Signature of Applicant		Today's	Date	

IMPORTANT:

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

Mail To: Patrick J. O'Brian

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

Fulton County Clerk 100 N. Main St. PO Box 226

Lewistown, IL 61542