**APPLICATION TO VOTE BY MAIL**

* **FOR A SINGLE ELECTION**
* **FOR PERMANENT VOTE BY MAIL WITH PARTY SELECTION**

*Please choose one of the options above*

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Name |  | Date of Birth |  |
| Street Address |  | Daytime /Cell Phone # |  |
| City, State, Zip |  | Email |  |

|  |  |
| --- | --- |
| Party Choice |  |

* I hereby make an application for an official ballot(s), to be voted by me, and I agree that I shall return such ballot(s) to the official, issuing the same, and prior to the closing of the polls on the date of the election or, if returned by mail, postmarked no later than Election Day.
* I understand that this application is made for an official Vote by Mail Ballot(s) to be voted, by me, at the election specified in this application and that I must submit a separate application for an official Vote by Mail Ballot(s) to be voted, by me, at any subsequent election should I choose a one-time mail-in ballot.
* I certify that I reside at the address specified above, which is in DeKalb County, IL, and that I am lawfully entitled to vote in the above-stated election.
* 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.
* I understand that if I do not designate a party choice, I will not receive a ballot in Primary Elections.

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

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**Please send the signed form to:**

**DeKalb County Clerk, 110 E. Sycamore Street, Sycamore, IL 60178**

**Or Email: elections@dekalbcounty.org**

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Signature of Applicant Date

*Please Note: This application must be received at least 5 days prior to any election and all returned Ballots must be postmarked on for before Election Day and received by the DeKalb County no later than 14 days after the Election.*