

VOTE BY MAIL BALLOT APPLICATION

Macon County Clerk

Mail To: 141 S Main St Rm 104

Decatur, IL 62523

Hand Deliver To: Macon County Clerk 141 S Main St Rm 119 Decatur, IL 62523

November 3, 2020 General Election

This application must be <u>received</u> by October 29, 2020.

NAME		BIRTH DATE	
ADDRESS		APT#	
CITY	STATE	ZIP CODE	
CONTACT EMAIL ADDRESS			
		CONTACT PHONE	
Please provide ei eturned by the F Print Name		phone number (or both) so v on.	SIGN IN BOX BELOW REQUIRED
Please provide ei eturned by the F Print Name	ither an email address or postal Service for any reas & Address Where Bal	phone number (or both) so v on.	e can contact you directly if your balloting materials are
Please provide ei eturned by the l Print Name (If different	ither an email address or postal Service for any reas & Address Where Bal	phone number (or both) so v on.	SIGN IN BOX BELOW REQUIRED Under penalties as provided by law pursuant to 10 ILC 5/29-10, the undersigned certifies that the statements s
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I certify that I reside at the address specified above, in the stated precinct and county, that I have lived at such address for 30 days or more preceding this election, that I am lawfully entitled to vote in such precinct at said election to be held therein, and that I wish to vote using the vote by mail ballot.

I hereby make application for an official ballot to be voted by me at such election, and I agree that I shall return such ballot to the election 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.

I understand that this application is made for an official vote by mail ballot 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 or ballots to be voted by me at any subsequent election.