



LAUREN STALEY FERRY  
WILL COUNTY CLERK

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Below you will find your application to Vote By Mail. Your application must be completed, signed, and returned to the Will County Clerk's Office prior to receiving a ballot. Applications can be sent back via mail, email, fax or in person. You may also submit an application on our website, [thewillcountyclerk.com](http://thewillcountyclerk.com). We may begin mailing ballots 40 days prior to the date of the election.

### APPLICATION FOR VOTE BY MAIL BALLOT

11/03/2020 GENERAL ELECTION

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Optional Information

Mailing Address for Vote By Mail Ballot (if different from Permanent Address):

Number and Street	City	State	Zip Code
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☐ My Permanent Address has changed. (Complete change of address below)

Number and Street	City	State	Zip Code
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I certify that I reside at the Permanent 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 by vote by mail ballot.

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.

I understand that this application is made for an official vote by mail ballot or ballots 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.

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.

\_\_\_\_\_  
Voter's Signature

\_\_\_\_\_  
Date

For Election Authority Use Only

\_\_\_\_\_  
Precinct

\_\_\_\_\_  
Ballot Style

\_\_\_\_\_  
Voter ID

\_\_\_\_\_  
Signature Verified By