Suggested Revised June, 2015 SBE No. A-7

APPLICATION FOR VOTE BY MAIL BALLOT

Applicant's Name			For Election Authority's Use Only		
			Ballot St	:yle:	
Street Address			Voter I	D:	
City, State, Zip					
County			For E	lection Judge's	S Use Only
Date of Birth*			Initials		
Phone Number*			Voter' Consect Numbe	utive	
Email*			(Primary O	nly) I request a	ballot for the:
To be voted at the		Election	Check here if you would like a nonpartisan ballot (referenda only)		
Date of Election					
Precinct					
*Optional information; even though	I 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 14 th day following a I understand that in this application and the subsequent election.	this election, that I am land a land ballot. Application for an official ballot ballot ballot. Application for an official ballot bal	ied above, in the stated pre- wfully entitled to vote in suc- allot or ballots to be voted by prior to the closing of the p in no later than during the per- for an official vote by mail be ate application for an official ant to 10 ILCS 5/29-10, the	th precinct at said election, one at such election, olls on the date of the da	and I agree that he election or, if isional ballots, the oted by me at the or ballots to be vo	therein, and that I shall return such returned by mail e last day of which e election specified oted by me at any
	Signature of Applicar	nt		Today's Date	
		Livingston County Clerk	c's Office		
А	address to which ballot should be mailed: f different from above)	POB 618			
(if		Pontiac IL 61764-0618			

IMPORTANT:

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

Mail To: