



**MAIL OR HAND DELIVER TO:**

**Jennifer Harper, Piatt County Clerk • 217-762-9487 • [countyclerk@piatt.gov](mailto:countyclerk@piatt.gov)**

**101 W Washington St. (PO Box 558) Monticello IL, 61856**

# VOTE BY MAIL BALLOT APPLICATION

<b>Applicant's Name</b>	
Street Address	
City, State, Zip	
County	
Date of Birth*	
Phone Number*	
Precinct	
<b>If Applicable:</b>	
To be voted at the	
Date of Election	

*\*Optional Information; even though this is not required, providing it may aid in the processing of your ballot.*

<b>For Election Authority's Use Only</b>	
Ballot Style:	
Voter ID:	

<b>For Election Judge's Use Only</b>	
Initials:	
Voter's Consecutive Number:	

☐ I wish to opt out from future vote by mail mailings.

## Address Where Ballot Should Be Mailed (ONLY IF DIFFERENT FROM ABOVE):


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 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 14<sup>th</sup> day following Election Day.

☐ **Single Election Vote by Mail Applicants:** I state 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 the next regularly scheduled election and that I wish to vote by mail in this election ONLY.

(Primary Only) ☐ Democratic ☐ Republican ☐ Other\* \_\_\_\_\_

☐ **For permanent vote by mail:** I state 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 the next regularly scheduled election, and that:

☐ I wish to vote by mail in all subsequent elections that do not require a party designation.

**OR**

☐ I wish to vote by mail in all subsequent elections and wish to receive the party ballot indicated below in all elections that require a party designation.

☐ Democratic

☐ Republican

☐ Other\* \_\_\_\_\_

\*Voter will only receive a primary ballot if the party listed is an established party in a race in which the voter is entitled to vote.

**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.**

**X**

**Signature of Applicant**

**Today's Date**

## **IMPORTANT:**

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