APPLICATION FOR PERMANENT VOTE BY MAIL STATUS

Suggested Revised September 2023 SBE A-7-1

Applicant's Name				For Election Au	thority's Use Only
Street Address				Ballot Style:	
Olicet Address				Voter ID:	
City, State, Zip					
County				For Election J	udge's Use Only
Date of Birth*				Initials:	
Phone Number*				Voter's Consecutive Number:	
Email*			1		
or - I wish to vo	ntitled to vote at the nexpote by mail in all subsequence a party designation. The mocratic formula in all subsequence an official ballot or bal the same prior to the clounting no later than during the same prior to the clounting no later than during the same prior to the clounting no later than during the same prior to the clounting no later than during the same prior to the clounting no later than during the same prior to the clounting no later than during the same prior to the clounting the same prior	t regularly scheduled of quent elections that do quent elections and wis Republican lots to be voted by me losing of the polls on turing the period for contract.	election, and not require sh to receive Other at such election the date of	d that: a party designation. e the party ballot indicate er* ection, and I agree that the election or, if returns sional ballots, the last d	ed below in all elections I shall return such ballot o ed by mail, postmarked no lay of which is the 14 th da
Signature of Applicant				Today's Date	
sł	ress to which ballot hould be mailed: fferent from above)				

IMPORTANT:

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

*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.

Mail To: Marshall County Clerk & Recorder 122 N. Prairie St. PO Box 328 Lacon, IL 61540-0328