

## APPLICATION FOR PERMANENT ACCESSIBLE VOTE BY MAIL STATUS

<b>Applicant's Name</b>	
Street Address	
City, State, Zip	
County	
Date of Birth*	
Phone Number*	
Email*	

For Election Authority's Use Only	
Ballot Style:	
Voter ID:	

  

For Election Judge's Use Only	
Initials:	
Voter's Consecutive Number:	

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

I am currently a registered voter and wish to apply for permanent vote by mail status.

I state that I reside at the address specified above, in the stated municipality and county, that I have resided at such address for at least 30 days; that I am lawfully entitled to vote 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\* \_\_\_\_\_

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 14<sup>th</sup> day following election day.

I swear or affirm that I am a voter with a non-temporary print disability, and as a result of this disability, I am making a request to receive vote by mail ballots electronically so that I may privately and independently mark, verify, and print my vote by mail ballots.

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Today's Date

Address to which ballot  
should be mailed:  
(if different 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**