



OFFICE OF THE CLERK AND RECORDER  
DEKALB COUNTY, ILLINOIS

Tasha Sims  
Clerk & Recorder

Return To:  
DeKalb County Clerk  
110 East Sycamore Street  
Sycamore, Illinois 60178  
Or:  
elections@dekalbcounty.org  
815.895.7148 | facsimile

815.895.7147 | office  
<https://dekalbcountyclerk.il.gov>

## APPLICATION TO VOTE BY MAIL

### 1 Print Applicant's Name and DeKalb County Residential Address:

_____			_____	
NAME			BIRTH DATE	
_____			_____	
ADDRESS		APT#	CONTACT PHONE NUMBER	
_____			_____	
CITY	STATE	ZIP CODE	CONTACT EMAIL ADDRESS	

Please provide either an email address or phone number (or both) so we can contact you directly if your balloting materials are returned by the Postal Service for any reason.

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 said election, and that:

2  I wish to vote by mail in THIS ELECTION ONLY: \_\_\_\_\_  
*Election date (and Party Ballot if Primary Election)*

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

\*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.

3  I hereby request to opt out of all future vote by mail correspondence from the DeKalb County Clerk & Recorder. (optional)

### 4 Print Name & Address Where Ballot Should Be Mailed (ONLY IF DIFFERENT FROM ABOVE)

_____		
NAME		
_____		
ADDRESS		
_____		
CITY	STATE	ZIP CODE

### 5 SIGN IN BOX BELOW -- REQUIRED

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 \_\_\_\_\_

Voter's Signature      Date

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 14th day following Election Day.

### 6 Please return the signed form to: DeKalb County Clerk, 110 E. Sycamore Street, Sycamore, IL 60178 Or Email: elections@dekalbcounty.org