

OFFICE OF THE CLERK AND RECORDER DEKALBCOUNTY, ILLINOIS

Tasha Sims County Clerk & Recorder

CITY

(optional)

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://dekalbcountyclerkil.gov

APPLICATION TO VOTE BY MAIL

Print Ap	plicant's Name and DeK	dress:	
	NAME		BIRTH DATE
	ADDRESS	APT#	CONTACT PHONE

STATE

CONTACT EMAIL ADDRESS

NUMBER

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.

ZIP CODE

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)
	$\int \Box$	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
*Vo	ter 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 hereb	y request to opt out of all future vote by mail correspondence from the DeKalb County Clerk & Recorder.

A Print Name & Address	5 SIGN IN BOX BELOW <u>REQUIRED</u>	
Where Ballot Should Be Mailed (ONLY IF DIFFERENT FROM ABOVE)	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.	
NAME	_	
ADDRESS	- <u>x</u>	
	Voter's Signature	Date
CITY STATE ZIP CODE		

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.

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