



OPTIONAL—APPLICATION FOR VOTE BY MAIL BALLOT IN THE CITY OF GALESBURG

This mailed notice is pursuant to Public Act 102-0015.

If you want to vote by mail, or opt out, complete the application below.

[NAME]

Date of Birth: [#]

[ADDRESS]

[GALESBURG] [IL] [61401]

I want my ballot mailed to my registration address ☐ or to address below ☐

Address

Apt.

City

State

Zip Code

Best Phone Number or email:

**I wish to receive
a Vote By Mail
ballot in:**

CHECK ONE

☐

A single election – The next election ONLY

☐

All future elections that do not require a Party designation (ex: General, Municipal)

☐

All future elections, and I wish to receive the below Party Vote By Mail ballot in elections that require a Party designation

☐

Democratic

☐

Republican

☐

Other* _____

(*Please note: some Party ballots may not be available for every Primary Election)

Opt Out:

☐

I wish to opt out of the permanent vote by mail status, and I request to opt out of future notices.

(I understand that I can change my mind and apply for permanent vote by mail status at a later date.)

**Change of Mailing
Address:**

☐

I wish to change the mailing address where my Vote By Mail ballot will be sent to the address listed above. (Please note: this will NOT update your voter registration address)

I certify that I reside at the address specified above, 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 to be held therein, and that I wish to Vote By Mail. 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 Galesburg Board of Elections prior to the closing of polls on the date of the election or, if returned by mail, postmarked by 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. I understand that this application is made for an official Vote By Mail ballot or ballots to be voted by me at the election(s) specified in this application. 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. **WARNING: Knowingly submitting false information is a Class 3 felony.**

X

Voter signature

Date

Your signature will be compared to and must match your Voter Registration Record. Voter is required to sign above; no other person may sign for a voter.

The Election Board will begin mailing ballots 40 days before Election Day depending on the office having received ballots.

Questions? Call (309) 345-3660 or email vote@ci.galesburg.il.us. Visit www.ci.galesburg.il.us (Residents/Election) for online resources.

This form is optional. If you are interested, this form must be returned no later than 5 days prior to any election by personal delivery or mailing it to: Galesburg Board of Elections, City Hall, 55 W. Tompkins St., PO Box 1387, Galesburg, IL 61402.