

## APPLICATION FOR VOTE BY MAIL BALLOT

Applicant's Name	
Street Address	
City, State, Zip	Galesburg, IL 61401
County	Knox
Date of Birth*	
Phone Number*	
Email*	
To be voted at the	General Election
Date of Election	November 3, 2020
Precinct	

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

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

(Primary Only) I request a ballot for the:  
\_\_\_\_\_ Party.

Check here if you would like a nonpartisan ballot (referenda only)

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

I certify 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 to be held therein, and that I wish to vote by vote by mail ballot.

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 understand that this application is made for an official vote by mail ballot or ballots to be voted by me at the election specified in this application and that I must submit a separate application for an official vote by mail ballot or ballots to be voted by me at any subsequent election.

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
Signature of Applicant
X
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.

**Mail To:** Galesburg Board of Elections  
55 West Tompkins Street  
PO Box 1387  
Galesburg, IL 61402-1387

**APPLICATION FOR VOTE BY MAIL BALLOT**

<b>Applicant's Name</b>	JANE VOTER
<b>Street Address</b>	123 N MAIN
City, State, Zip	Galesburg, IL 61401
County	Knox
<b>Date of Birth*</b>	07-04-1976
<b>Phone Number*</b>	309-123-4567
Email*	
To be voted at the	General Election
Date of Election	November 3, 2020
Precinct	

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

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

**SAMPLE**

(Primary Only) I request a ballot for the: \_\_\_\_\_ Party.

Check here if you would like a nonpartisan ballot (referenda only)

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

I certify 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 to be held therein, and that I wish to vote by vote by mail ballot.

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 understand that this application is made for an official vote by mail ballot or ballots to be voted by me at the election specified in this application and that I must submit a separate application for an official vote by mail ballot or ballots to be voted by me at any subsequent election.

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 Jane Voter  
Signature of Applicant

X 00-00-2020  
Today's Date

Address to which ballot should be mailed: (if different from above)

cell# 001-200-9876
689 Sunshine Lane
FUNVILLE, Florida
01234

**IMPORTANT:**

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

**Mail To:** Galesburg Board of Elections  
55 West Tompkins Street  
PO Box 1387  
Galesburg, IL 61402-1387