VOTE BY MAIL APPLICATION

MUNICIPAL GENERAL ELECTION • FEBRUARY 24, 2015

Applicant's Name			OFFICE USE ONLY
Street Address			
Phone Number*	() -		
Email*			
Voter Registration Number (if known)*			Key
*Optional information; even though th	nis is not required providing it may aid in the processing of your ballot		PctWd
			Date
postmarked no later than ballots, the last day of which I understand that this in this application and that subsequent election.	ation for an official ballot or ballots to be voted by medicial issuing the same prior to the closing of the poll-midnight preceding election day, for counting no label is the 14th day following election day. Application is made for an official absentee ballot of a limit of limit is must submit a separate application for an official devided by law pursuant to 10 ILSC 5/29-10, the underrect.	s on the date of the eleater than during the per r ballots to be voted by absentee ballot or ballot ersigned certifies that the	ection or, if returned by mail, riod for counting provisional me at the election specified ts to be voted by me at any estatements set forth in this
This signature will be compared to and must match your Registration Record. No other person may sign your name.			
Address where your ballo	t should be mailed: (if different from above) (Pleas	se Print)	
Address			
City	State	ZIP	Code
Application must be receive 5:00 p.m. on February 23, 2	ed by 5:00 p.m. on February 19, 2015. Application for 2015.	or in-office voting only w	rill be accepted until