



Jackson County Courthouse
1001 Walnut Street
Murphysboro, IL 62966

PERMANENT VOTE BY MAIL PROGRAM ENROLLMENT APPLICATION

Dear Voter,

I am pleased to provide information about the Application Ballot by Mail Program which helps voters who prefer to receive their ballots by mail in all or most elections.

Completing and mailing the enrollment application for the program automatically causes you to receive a ballot for the elections that you designate. This is not a request to vote by mail in one election only. Enrollment in the program remains in effect until you provide notification to cancel or your voter registration becomes inactive.

To enroll, you must be a registered voter in Jackson County, Illinois. You must complete and mail the form below to the County Clerk's office. Please select whether to receive a ballot for all elections or only elections that do not require a party designation.

If you have any questions, please contact the Elections Department at (618) 687-7366 or email our office at frankbyrd-elections@jacksoncounty-il.gov.

Sincerely,
Frank L. Byrd
Jackson County Clerk

Please notify the Jackson County Clerk immediately if permanent registration address changes

TYPE or PRINT CLEARLY

VOTER NAME _____ TELEPHONE _____

HOME ADDRESS _____

CITY, STATE, ZIP CODE _____

BIRTH DATE _____ EMAIL _____

I am currently a registered voter and wish to apply for permanent vote by mail status. 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 the next regularly scheduled election and that:

I wish to vote by mail in all subsequent election 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

Other _____

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 14th day following election day.

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.

MAILING ADDRESS for application (if different from registration address):

Number and Street/P.O. Box

City

State

Zip Code

DATE _____ VOTER'S SIGNATURE _____

Enrollment will not be processed if form not completely filled out and signed. I will notify the Jackson County Clerk immediately if my permanent registration address changes.