APPLICATION FOR ACCESSIBLE VOTE BY MAIL BALLOT

Applicant's Name	
Street Address	
City, State, Zip	
County	
Date of Birth*	
Phone Number*	
Email*	
To be voted at the	Election
Date of Election	
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 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 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. I swear or affirm that I am a voter with a print disability, and as a result of this disability, I am making a request to receive a vote by mail ballot electronically so that I may privately and independently mark, verify, and print my vote by mail ballot.

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.

_____   _____
Signature of Applicant   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:

APPLICATION FOR PERMANENT
ACCESSIBLE VOTE BY MAIL STATUS

Suggested
Revised November, 2021
SBE A-7-1

Applicant's Name	
Street Address	
City, State, Zip	
County	
Date of Birth*	
Phone Number*	
Email*	
Precinct	

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

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

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

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 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 ☐ 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.

I swear or affirm that I am a voter with a non-temporary print disability, and as a result of this disability, I am making a request to receive vote by mail ballots electronically so that I may privately and independently mark, verify, and print my vote by mail ballots.

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.

_____   _____
Signature of Applicant   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:

*Voter 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.