

STATE BOARD OF ELECTIONS  
STATE OF ILLINOIS

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**BOARD MEMBERS**  
Charles W. Scholz, Chair  
Ian K. Linnabary, Vice Chair  
William J. Cadigan  
Laura K. Donohue  
William R. Haine  
William M. McGuffage  
Katherine S. O'Brien  
Casandra B. Watson

**EXECUTIVE DIRECTOR**  
Steven S. Sandvoss

**Accessible Vote by Mail Form**

To be completed by an election authority or its designated agent.

|   |                           |
|---|---------------------------|
| Voter Name: _____<br>(Last, First, MI)                              |                           |
| Voter Date of Birth: _____<br>(mm/dd/yyyy)                          | Voter SUID: _____         |
| Voter Email: _____<br>(The address the AVBM ballot will be sent to) |                           |
| Voter Precinct Number: _____  | Voter Ballot Style: _____ |
| Is this person registered to vote?                                  | YES      NO               |
| Has this person applied to vote by mail?                            | YES      NO               |

By clicking "I Agree" below, you consent to use your electronic signature to sign documents and communications and to receive electronic delivery of documents or communication.

I AGREE

Signed: \_\_\_\_\_  
(Electronic Signature)

Date: \_\_\_\_\_

Clicking Submit above will generate an email to send this completed form to [votingaccess@elections.il.gov](mailto:votingaccess@elections.il.gov).  
You may also submit this form by scanning and emailing it to [votingaccess@elections.il.gov](mailto:votingaccess@elections.il.gov).