



DO NOT USE THIS FORM IF VOTER IS MILITARY OR OVERSEAS. VOTER MUST USE AN FPCA FORM.

<b>Applicant's Name</b>	
Street Address	
City, State, Zip	
County	
Date of Birth*	
Phone Number*	
Email*	
To be voted at the	
Date of Election	

<p><i>I request a ballot for the:</i></p> <p>Democratic Party</p> <p>Republican Party</p> <p>Libertarian Party</p> <p>Nonpartisan (Referenda ONLY)</p> <p><b>(Check One)</b></p>
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\*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, using the 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.

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For more information about Vote by Mail Voting at [mcleancountyil.gov/elections](http://mcleancountyil.gov/elections) or call (309)888-5190

**IMPORTANT:**