APPLICATION FOR VOTE BY MAIL BALLOT / WEB SITE

ID #	Ballot Style	Voter's Consecutive Number
Date of Birth	Precinct	Judge's Initials
_____		

Name of Voter _____

Address _____

City _____ **State** _____

***Phone Contact Number** _____

***Email** _____

Consolidated Primary Election February 28, 2017 CITY OF MORRIS WARD 2 ONLY
County of Grundy, State of Illinois

☐ Vote by Mail

I certify that I reside at the address specified above, in the stated precinct & 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 mail. 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 midnight 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. 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.

FOR PRIMARY ELECTIONS ONLY **MUST CHECK PARTY AFFILIATION BOX**

☐ **DEMOCRATIC** ☐ **REPUBLICAN** ☐ **NONPARTISAN (Referenda ONLY)**

REQUIRED-Name and Address to which ballot is to be mailed

_____

_____

_____

You must return the completed and signed application to the election authority with jurisdiction over your registration.

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

TODAY S DATE: _____

_____
VOTER SIGNATURE

_____
Print Name of Voter Above

Election Authority shall review the application to VOTE BY MAIL no more than 90 days prior to the election.

First day to mail ballot by mail for non-UOCAVA voters is now specified as 40 days before the election.

Because of a change in the Illinois Election Code, a Vote by Mail Application Form is available on-line. Print the form. Complete the form (PRINT in black or blue ink) all areas that are in RED.

Per State statute, this application for ballot MUST be received in the Grundy County Election Authority's office NO LATER than the close of business on the Thursday prior to Election Day.

PARTY PREFERENCE IS ONLY NECESSARY FOR PRIMARY ELECTIONS

ALL ENTRIES MUST BE LEGIBLE FOR YOUR APPLICATION TO BE PROCESSED

IMPORTANT: You must return the completed and signed application to the election authority with jurisdiction over your registration:

Return completed form to:

Grundy County Election Authority
111 East Washington Street Room 12
PO Box 675
Morris, IL 60450-0675

If you have any questions, please call our office Monday through Friday at 815-941-3222 between 8:00 am and 4:30 pm