

APPLICATION FOR BALLOT

November 5, 2024 – General Election

Applicant's		Name		<u></u>			
Information Please provide your name	1						
and Madison County registration address.		Street Address					
Additional information may		City/Town		State	Zip cod	de	
aid in processing your ballot.		Date of Birth					
Mailing Address	2	Same as above -OR- Address or P.O. Box					
If different from above		City/Town		State	Zip cod	de	
Contact info	3						
		Phone (with area code)	Ema	\ \			
Single Election		☐ I wish to yoto by mail in the 20	124 Conoral El	action ONLY			
Voter will only receive a ballot for the election		I wish to vote by mail in the 2024 General Election ONLY. Voters who select this option will need to submit a new application for ballot prior to each future election that they					
specified and must submit	4	intend to vote by mail.					
a separate application for ballot at each election.		A single-election application must be submitted to the election authority within 90 days of election day.					
D	Unich to vote by mail in all subsequent elections that do not require a party decigns						
Permanent Vote		Voters who select this option will receive a ballot in all general and consolidated elections, but not primary elections					
by Mail Voter will receive a ballot		which require a party designation. OR					
for future elections based on option selected.	5	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.					
Voter will only receive a		Voters who select this option will receive				/ listed is an established	
primary ballot if the party listed is an established		party.		_			
party in a race for which the voter is entitled to vote.		☐ Democratic Primary ☐ Rep	oublican Primary	Othor Primary			
Opt Out 6 □ I wish to opt out of all future notifications of the permanent vote by mail program						mail program.	
						. 0	
Attestation	7	As required by 10 ILCS 5/19-3, I affirm that I currently reside at the address and precinct listed immediately above and					
		have lived there for 30 or more days. I further affirm I am lawfully entitled to vote and understand that this application is a request for an official ballot by mail to be voted by me at this election. Under penalties provided in 10 ILCS 5/29-10, I					
		certify the information in this application is true and correct.					
		I understand that this application is made for an official vote by mail ballot 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 to be voted by me at any					
		subsequent election or for continuing vote by mail, I am currently a registered voter and wish to apply for permanent vote by mail status.					
		I understand my ballot may be counted within 14 days after the election if: 1.) returned by mail with postage postmarked no later than Election Day or 2.) returned to the office of the election authority prior to the close of the polls on Election Day. I					
		understand that if I cast a ballot prior to Election Day I shall not be permitted to revoke that ballot or vote another ballot with					
		respect to this election.					
		Voter sign here					
Signature	8	X					
		Date (MM/DD/YY)		Official Use Signature Verified by	,		
Mail or deliver your completed application to:							
Madison County Clerk 157 N. Main St., Room 109			If you have any questions, please contact our office: Phone: (618) 692-6290				
P.O. Box 218				yMail@madison	county	il.gov	
Edwardsville, IL 62025						-	