



**Josh Tanner**  
**Macon County Clerk**

# VOTE BY MAIL BALLOT APPLICATION

**Mail To:** Macon County Clerk  
141 S Main St Rm 104  
Decatur, IL 62523

**Hand Deliver To:** Macon County Clerk  
141 S Main St Rm 119  
Decatur, IL 62523

## November 5, 2024 General Election

This application must be received by October 31, 2024.

### 1 Print Applicant's Name and Complete Voting Address:

|                  |                   |                                |  |
|------------------|-------------------|--------------------------------|--|
| _____<br>NAME    |                   | _____<br>BIRTH DATE            |  |
| _____<br>ADDRESS |                   | _____<br>CONTACT PHONE NUMBER  |  |
| _____<br>CITY    |                   | _____<br>CONTACT EMAIL ADDRESS |  |
| _____<br>STATE   | _____<br>ZIP CODE |                                |  |

*Please provide either an email address or phone number (or both) so we can contact you directly if your balloting materials are returned by the Postal Service for any reason.*

### 2 Print Name & Address Where Ballot Should Be Mailed (ONLY IF DIFFERENT FROM ABOVE)

|                  |                |                   |
|------------------|----------------|-------------------|
| _____<br>NAME    |                |                   |
| _____<br>ADDRESS |                |                   |
| _____<br>CITY    | _____<br>STATE | _____<br>ZIP CODE |

### 3 SIGN IN BOX BELOW -- REQUIRED

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.

**X**

\_\_\_\_\_  
Voter's Signature

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 said election, and that:

I wish to vote by mail in THIS ELECTION ONLY.

**4**  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 to be voted by me at such election, and I agree that I shall return such ballot 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.

\*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.

**For more information about vote by mail voting, visit [maconcounty.illinois.gov](http://maconcounty.illinois.gov) or call 217-424-1309.**