

## **VOTE BY MAIL BALLOT APPLICATION**

Mail To: 141 S Ma

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

## March 19, 2024 General Primary Election

This application must be received by March 14, 2024

NAME		_	BIRTH DATE
ADDRESS		APT#	CONTACT PHONE NUMBER
CITY	STATE	ZIP CODE	CONTACT EMAIL ADDRESS
-	le either an email address he Postal Service for any r	=	oth) so we can contact you directly if your balloting materials are
	ne & Address Where   DIFFERENT FROM AB		siled SIGN IN BOX BELOW REQUIRED
(0.02.1 11	DITERENT TROWN AD		
NAME			Under penalties as provided by law pursuant to 10 IL 5/29-10, the undersigned certifies that the statements of forth in this application are true and correct.
NAME ADDRESS			5/29-10, the undersigned certifies that the statements of forth in this application are true and correct.
	STATE	ZIP CODE	5/29-10, the undersigned certifies that the statements s
ADDRESS  CITY  state that I re	reside at the address spe	ecified above, in the st	5/29-10, the undersigned certifies that the statements of forth in this application are true and correct.
ADDRESS  CITY  state that I re	reside at the address spe preceding this election,	ecified above, in the st	5/29-10, the undersigned certifies that the statements of forth in this application are true and correct.  X  Voter's Signature  tated precinct and county, that I have lived at such address for 3 titled to vote in such precinct at said election, and that:
ADDRESS  CITY  state that I redays or more	reside at the address spe preceding this election, I wish to vote by many I wish to vote by m	ecified above, in the st , that I am lawfully en ail in THIS ELECTION C	5/29-10, the undersigned certifies that the statements of forth in this application are true and correct.  X  Voter's Signature  tated precinct and county, that I have lived at such address for 3 titled to vote in such precinct at said election, and that:
ADDRESS  CITY  state that I re	reside at the address spent preceding this election,  I wish to vote by many  I wish to vote by many  I wish to vote by many	ecified above, in the st , that I am lawfully en ail in THIS ELECTION C ail in all subsequent e	5/29-10, the undersigned certifies that the statements is forth in this application are true and correct.  X  Voter's Signature  tated precinct and county, that I have lived at such address for 3 titled to vote in such precinct at said election, and that:  ONLY.  lections that do not require a party designation.  lections and wish to receive the party ballot indicated below in

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 14th 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 <u>maconcounty.illinois.gov</u> or call 217-424-1309.