

## APPLICATION FOR *VOTE BY MAIL* BALLOT

MARY E. McCLELLAN, COUNTY CLERK, McHENRY COUNTY, ILLINOIS

The *Vote by Mail* Ballot Application must be signed and returned to the McHenry County Clerk's office either by e-mail or mail:

E-mail: [mchenryelection@co.mchenry.il.us](mailto:mchenryelection@co.mchenry.il.us)

Mail: McHenry County Clerk  
2200 N Seminary Ave  
Woodstock, IL 60098

PRINT – NAME AND ADDRESS		OFFICE USE ONLY	
		Judges: Number consecutively in voting order	JUDGE'S INITIALS
DATE OF BIRTH	PRECINCT	TAX CODE	BALLOT DESCRIPTION

ELECTION \_\_\_\_\_

I state that I am a resident in the precinct and county specified above, that I have lived at said 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 *Vote by Mail* ballot.

I hereby make application for an official ballot or ballots to be voted by me at such election. 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. If returned by mail, it will be postmarked no later than midnight of election day, for counting no later than during the period for counting provisional ballots, last day of which is the 14<sup>th</sup> day following election day.

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 ELECTION: MUST CHECK PARTY AFFILIATION  DEMOCRAT  REPUBLICAN  NONPARTISAN  \_\_\_\_\_

Address to which ballot is to be mailed (if different from address above):

(Name)	(Dated)
(Street Address)	(Signature of Applicant)
(City, State and Zip Code)	(Name - Please Print)
	(Phone Number)

10 ILCS 19-3, 29-10