

Vote by Mail Application
ADAMS COUNTY, ILLINOIS

Application Number _____

(FOR OFFICE USE ONLY)

Voter ID #	Staff Initials
Precinct	Ballot Style

Applicant's Name (Please Print) _____

Street Address _____

City, State, Zip _____

County _____

Date of Birth* _____

Phone Number* _____

E-Mail* _____

To be voted at the _____ Election

Date of Election _____

Precinct _____

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

I certify 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 to be held therein, and that I wish to vote by absentee ballot.

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 preceding 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.

Address to which ballot is to be mailed (If different from above)

(Date)

(Signature of Applicant)

Upon completion, mail this application to: **Chuck R. Venvertloh**
Adams County Clerk
507 Vermont St
Quincy, IL 62301