

Eric Weis
State's Attorney



Office of the
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Kendall County, Illinois

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VOTER REQUEST FOR REVIEW FORM

Complainant's Contact Information:

Name: _____ Email: _____

Address: _____

Hm. Phone: _____ Wk Phone: _____ Cell Phone: _____

Incident Information:

Date of Incident: _____ Time of Incident: _____

Precinct: _____ Polling Location: _____

Type of Incident (*check all that apply*):

- | | |
|---|---|
| <input type="checkbox"/> Absentee Ballot | <input type="checkbox"/> Accessibility |
| <input type="checkbox"/> Ballot | <input type="checkbox"/> Electioneering |
| <input type="checkbox"/> Vandalism | <input type="checkbox"/> Voter Intimidation |
| <input type="checkbox"/> Voter Registration | <input type="checkbox"/> Voter Fraud |
| <input type="checkbox"/> Voting Equipment | <input type="checkbox"/> Other _____ |

Description of Incident (use additional pages if needed):

**** Please attach all documentation relating to above complaint. ****

I swear under penalty of perjury that the above statements are true and accurate.

Complainant's signature: _____ Date: _____

FOR OFFICE USE ONLY

Date and time received: _____ SAO: _____

Notes: _____