

**Eric Weis**  
State's Attorney



Office of the  
**State's Attorney**  
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: \_\_\_\_\_