

APPLICATION FOR **PERMANENT** VOTE BY MAIL STATUS

Applicant's Name		For Election Authority's Use Only	
Street Address		Precinct:	
City, State, Zip		Voter ID:	
County	KENDALL	For Election Judge's Use Only	
Date of Birth*		Initials:	
Phone Number*		IMPORTANT INFORMATION BELOW	
Email*		GENERAL PRIMARY ELECTION – March 19, 2024 GENERAL ELECTION – November 5, 2024	
*Optional information; even though this is not required, providing it may aid in the processing of your ballot.		LAST DAY TO ACCEPT for the PRIMARY ELECTION IS: MARCH 14, 2024	
		LAST DAY TO ACCEPT for the GENERAL ELECTION IS: OCTOBER 31, 2024	

I am currently a registered voter and wish to apply for permanent vote by mail status.

I state that I reside at the address specified above, in Kendall County, that I have resided at such address for at least 30 days; that I am lawfully entitled to vote at the next regularly scheduled election, and that:

OPTION #1 – I wish to vote by mail in all subsequent elections that do not require a party designation.
 (This includes Consolidated and General Elections)

OR

OPTION #2 – I wish to vote by mail in all subsequent elections and wish to receive the party ballot indicated below in all elections that require a party designation. (This includes Consolidated, General and Primary Elections)

Only choose **ONE** party below:

- Democratic**
Republican
Kendall County Party**
Non-Partisan (Referenda Only)**
- **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.

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 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.

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.

Signature of Applicant

Today's Date

Address to which ballot should be mailed: (Only if different from above)	_____ _____ _____ _____
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IMPORTANT:

You must return the **completed** and **signed application** to the election authority with jurisdiction over your registration.



Mail To:	Debbie Gillette, Kendall County Clerk ATTN: Voter Registration Office 111 W. Fox Street, Room 104 Yorkville, IL 60560
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