10 ILCS 5/19-3, 29-10 SBE No. A-7

APPLICATION FOR VOTE BY MAIL BALLOT - PRIMARY ELECTION

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 *		I request a ballot for the: (Choose only ONE option below)	
Email*		Democratic	*Kendall County Party
To be voted at the	Primary Election	Republican	*Non-Partisan (Referenda Only)
Date of Election	March 19, 2024	*Voter will only receive a primary ballot if the	
*Optional information; even though this is not required, providing it may aid in the processing of your ballot.		party listed is an established party in a race in which the voter is entitled to vote.	
FIRST DAY TO REQUEST: December 20, 2023 Note: Mailing and delivery of ballots does not begin until			TO ACCEPT:
Thursday February 8 2024		iviarch	14. 2024

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 said election to be held therein, and that I wish to vote by mail.

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.

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.

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)			

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

