APPLICATION FOR PERMANENT VOTE BY MAIL STATUS

Applicant's Name		For Election Authority's Use Only			
Street Address			Ballot Style	; :	
Street Address			Voter ID:		
City, State, Zip					
County	Stark		For Election Judge's Use Only		
Date of Birth*			Initials:		
Phone Number*			Voter's Consecutiv Number:	е	
Email*					
Precinct					
· ·	I his is not required, providing it may a I voter and wish to apply fo	aid in the processing of your ballot or permanent vote by mail statu	ı ıs.		
. ☐ I wish to - or - ☐ I wish to	o vote by mail in all subseq	vote in such precinct at the nex uent elections that do not requuent elections and wish to rece	ire a party designati	ion.	
	Democratic	Republican			
ballots to the official issuing	ng the same prior to the cl	lots to be voted by me at such osing of the polls on the date or ring the period for counting pro	of the election or, if	returned	d by mail, postmarked no
Under penalties as provide are true and correct.	ed by law pursuant to 10 IL	CS 5/29-10, the undersigned c	ertifies that the state	∍ments s	et forth in this application
		<u> </u>		T	Dete
	Signature of Applicand dress to which ballot should be mailed: different from above)	nt		Today's	а рате

IMPORTANT:

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

Mail to: Stark County Clerk PO Box 97, Toulon IL 61483 Email: elections@starkco.illinois.gov

^{*}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.