## APPLICATION FOR VOTE BY MAIL BALLOT

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Applicant's Name			For Elec	tion Autho	nty's Use Only's	
Street Address			Ballot Sty	rle:		
		and the second s	Voter ID	):: <u>                                    </u>		
City, State, Zip						
County				iedolikanied	ge's Use Only	
Date of Birth*			Initials:			
Phone Number*			Voter's Consecut Number	ive		
Email*			(Primary O	( <b>Primary Only</b> ) I request a ballot for the: Party.		
To be voted at the	Gener	al Primary Election		Check here if you would like a nonpartisan ballot (referenda only)		
Date of Election		March 19, 2024				
I hereby make ballot or ballots to the postmarked no later that is the 14th day following I understand the in this application and the subsequent election.	application for an official bate official issuing the same part of the sam	te at said election to be held allot or ballots to be voted by brior to the closing of the properties	or me at such election, a colls on the date of the riod for counting provis allot or ballots to be vot vote by mail ballot or	and I agree to election or ional ballots, ted by me at ballots to be	hat I shall return suc r, if returned by mai , the last day of whic the election specifie e voted by me at an	
Signature of Applicant			Today's Date			
A	Address to which ballot should be mailed:				· · · · · · · · · · · · · · · · · · ·	
· (	if different from above)					

## **IMPORTANT:**

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

Mail To:

Melanie L. Johnson #1 Taylor Street Room 202 Chester, Illinois 62233