APPLICATION FOR VOTE BY MAIL BALLOT

Suggested Revised June, 2015 SBE No. A-7

Applicant's Name			For Election Authority's Use Only	
Street Address			Ballot Sty	/le:
			Voter II):
City, State, Zip		4/4	7 m (2002 (200 Avr	
County			For Ele	ection Judge's Use Only
Date of Birth*			Initials	
Phone Number*			Voter's Consecut Numbe	tive
Email*			(Primary Or	nly) I request a ballot for the:
To be voted at the		Election		Party.
Date of Election				re if you would like a nonpartisan erenda only)
Precinct				
*Optional Information; even though ti	his is not required, providing it ma	y aid in the processing of your ballot		
days or more preceding the wish to vote by vote by make application and that subsequent election.	nis election, that I am la il ballot. plication for an official b icial issuing the same p election day, for counting ection day. this application is made t I must submit a separa- is provided by law pursu	wfully entitled to vote in such allot or ballots to be voted by prior to the closing of the po g no later than during the peri for an official vote by mail bal ate application for an official	precinct at said election, at such election, at such election, at lis on the date of the od for counting provision or ballots to be voto to by mail ballot or	have lived at such address for 3 tion to be held therein, and that and I agree that I shall return such election or, if returned by mail ional ballots, the last day of which ballots to be voted by me at any hat the statements set forth in this
<u></u>	Signature of Applicar	nt .		Foday's Date
S	ress to which ballot hould be mailed: ifferent from above)			

IMPORTANT:

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

Mail To:

SHARI HEMPEN
Washington County Clerk & Recorder
101 E. St. Louis St.
Nashville, Illinois 62263