



VOTE BY MAIL APPLICATION

Election Date \_\_\_\_\_

**1. PRINT - Name & Home Address**

**2. Date of Birth**

**3. For Primary Use Only - Check Appropriate Box**

Democratic  Republican  Public Questions Only

**4. PRINT - Address to mail ballot, if different from home address above**

**5. Email Address**

**6. Phone Number**

**Instructions:**

1. Print your name and complete Rock Island County address.  
(If the application is pre-printed, verify that your name and address are correct.)
2. Print your date of birth.
3. In a primary, place an "X" in the box next to which Party's ballot you want.  
(Democratic, Republican, Public Question Only, etc.)
4. Print the complete address where you want the ballot to be mailed.
5. Print your Email Address.
6. Print a phone number where you can be reached if we have any questions.
7. Print the date and sign your name.

**OFFICE USE ONLY**

Voter ID# State ID#	Ballot Style	Posting Number
Date of Birth	Precinct	
Judge's Initials		

I certify that I reside at the address specified, in the stated precinct and county, that I have lived at such address for 30 days or more preceding this election, that I am lawfully entitled to vote in such precinct at said election to be held therein, and that I wish to vote by mail.

I hereby make application for an official ballot to be voted by me at such election, and I agree that I shall return such ballot 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 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 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.

7. (Date) \_\_\_\_\_ (Signature of Applicant) \_\_\_\_\_

**Mail Applications to:**  
**Rock Island County Clerk's Office**  
**1504 3 Ave.**  
**Rock Island, IL 61201**

**Revised 8/2018**