



DON GRAY
SANGAMON COUNTY CLERK
ELECTION OFFICE
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www.sangamoncountyclerk.com
APPLICATION FOR VOTE BY MAIL BALLOT
(PLEASE PRINT IF NOT FILLING OUT ON-LINE)

Applicant's Name: _____ Date of Birth: _____

Residence Address: _____ City: _____ Zip: _____

Township: _____ Precinct Number: _____

Daytime / Cell Phone #: _____ Evening Phone #: _____

Email (optional): _____

Type of Election: General Election

Date of Election: November 3, 2020

I certify that I reside at the address specified above, in the stated precinct in Sangamon 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 vote by mail ballot.

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 election 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 the penalties as provided by law pursuant to 10 ILCS 5/29-10 of the Election Code, the undersigned certifies that the statements set forth in this application are true and correct.

Note: If application is submitted electronically, the applicant shall click on the checkmark box below, certifying that the statements set forth in this application are true and correct, and a signature is not required.

 Signature of Applicant (required if not submitted electronically)

Address to which ballot is mailed: (ONLY if outside of Sangamon County)

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

(if different than above)

This application MUST be received by October 29, 2020 (at least 5 days prior to an Election).

Revised 4/24/20