

**COUNTY OF WOODFORD, STATE OF ILLINOIS
APPLICATION FOR BALLOT**

**Return Application: Woodford County Clerk
115 N. Main - Room 202
Eureka, IL 61530 PH: (309) 467-2822**

CONSOLIDATED ELECTION held on April 6, 2021
(First day to mail Ballots is February 25, 2021)

PRINT: NAME, ADDRESS, PHONE NUMBER & E-MAIL

PHONE:	E-MAIL:

OFFICE USE ONLY	
VOTER ID NUMBER	BALLOT STYLE
PRECINCT NAME	LOG NUMBER
PRECINCT NUMBER-TAX CODE	TABULATOR NUMBER

CHECK THE APPROPRIATE BOX BELOW:

VOTE BY MAIL → I certify that I reside at the address specified above, in the stated precinct and county, that I have lived at said 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 the 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 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.

GRACE → I have registered or transferred my registration during the period of 27 days up through election day at the office of the election authority (10 ILCS 5/4-50). I understand that if I cast a grace period ballot that I shall not be permitted to revoke that ballot or vote another ballot with respect to the election.

EARLY → I am casting a ballot during the period of 40 days prior to the primary/election and extends through the day before the primary/election (10 ILCS 5/19A-15). I understand that if I cast an early ballot that I shall not be permitted to revoke that ballot or vote another ballot with respect to the election.

NURSING HOME → Applies to registered voters who are residents of Nursing Homes wishing to participate in Nursing Home Voting or Vote by Mail ballot by Elector who is a resident of a Nursing Home or Care Facility. I am a registered voter in the precinct in which such facility is located. I am lawfully entitled to vote in such precinct at said election, and I am a resident of the licensed Nursing Home or Care Facility. I make application for the official Vote by Mail Ballot to be voted by me at such election at such Nursing Home or Care Facility.

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.

MAIL BALLOT TO:

DATED _____, 20____

(Signature of Applicant)

(Printed Name of Applicant)