

APPLICATION FOR ABSENTEE BALLOT

Return Application To:

Macon County Clerk
141 South Main St.
Decatur, IL 62523

To be voted at the _____ Election on the _____ day of _____,
20____ in the County of Macon, State of Illinois in the Township of _____ Precinct _____.

I am a resident in the precinct specified above, residing at _____
(Complete Residence Address)

in the City of _____, State of Illinois. 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 absentee ballot.

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

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

I request a ballot for _____ Party
(For a Primary)

Dated this ____ day of _____, 20____

Address to which ballot is to be mailed

(Signature of Applicant)

(Print Name of Applicant)

(Date of Birth) _____
(Phone Number or E-Mail Address)

**APPLICATIONS MUST BE RECEIVED IN THE
OFFICE OF THE COUNTY CLERK NOT LATER
THAN FIVE (5) DAYS PRIOR TO ELECTION DAY.**