

**APPLICATION FOR VOTE BY MAIL BALLOT
GENERAL ELECTION
NOVEMBER 8, 2016**

(PLEASE PRINT)

Applicant's Name: _____ Date of Birth: ____/____/_____
Residence Address: _____ City: _____ Zip: _____
Daytime Telephone: (____) _____-_____ Email: _____

Address to which ballot is mailed (ONLY if different from above):

Address: _____ City: _____ State: _____ Zip: _____

I certify that I reside at the address stated above which is located in Moultrie County; that I have lived at such address for 30 days or more preceding this election; that I am lawfully entitled to vote in said precinct at the election specified above; 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 the election specified above. I agree that I shall return the application to the Election Authority by **Thursday, NOVEMBER 3, 2016** in order for a ballot to be timely mailed. I further agree that I will return said ballot to the Election Authority at the address specified above, either by hand delivery or postmarked no later than **Election Day NOVEMBER 8, 2016** (if returned by mail).

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 for future elections.

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.

Dated: _____

(Signature of Applicant)

If assistance was given in completing this form:

(Signature of Person giving Assistance)

For Election Authority's Use Only: Date Ballot Mailed: _____ Ballot Style: _____ Voter ID: _____
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This Application MUST be received by Thursday November 3, 2016

**Georgia C. England
Moultrie County Clerk
10 S. Main, Ste. 6
Sullivan, IL 61951**