10 ILCS 5/19-2.6, 29-10

## APPLICATION FOR ACCESSIBLE VOTE BY MAIL BALLOT     SBE No. A-7-2

| Applicant's Name | |
|---|---|
| Street Address | |
| City, State, Zip | |
| County | |
| Date of Birth* | |
| Phone Number* | |
| Email* | |
| To be voted at the | Election |
| Date of Election | |

(Primary Only) I request a ballot for the:
_____ Party.

☐ Check here if you would like a nonpartisan ballot (referenda only)

| For Election Authority's Use Only | |
|---|---|
| Ballot Style: | |
| Voter ID: | |

| For Election Judge's Use Only | |
|---|---|
| Initials: | |
| Voter's Consecutive Number: | |

*Optional information; even though this is not required, providing it may aid in the processing of your ballot

I state that I reside at the address specified above, in the stated municipality and county, that I have resided at such address for at least 30 days; that I am lawfully entitled to vote at said election to be held therein, and that I wish to vote by mail.

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 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 or ballots 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 or ballots to be voted by me at any subsequent election. I swear or affirm that I am a voter with a print disability, and as a result of this disability, I am making a request to receive a vote by mail ballot electronically so that I may privately and independently mark, verify, and print my vote by mail ballot.

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.

_____
Signature of Applicant

_____
Today's Date

Address to which ballot should be mailed:
(if different from above)

| |
|---|
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| |

**IMPORTANT:**
You must return the completed and signed application to the election authority with jurisdiction over your registration.

**Mail To:**