

REQUEST FOR BALLOT BY VOTER UNABLE TO ENTER POLLING PLACE
(For use by temporarily or permanently physically disabled voter)

To: _____ in the County of _____ and
(Election Authority)
State of Illinois.

I, _____ state that I am a resident of the _____ precinct of the (1)
*township of _____ (2) *City of _____ or
(3) * _____ ward in the City of _____ residing at
_____ in such city or town, and State of Illinois, that I am lawfully
(residence number and street)

entitled to vote in such precinct at the election to be held on _____ and I will be
(insert month, day, year)
unable to access or enter the polling place because of my physical disability.

I, therefore, request a ballot be delivered to me by 2 judges of election of opposite party affiliation
at the location herein specified.

(Location where ballot is to be delivered)

This location is at the point where I'm unable to continue forward motion towards the polling place. As
prescribed by Statute, the location is within 50 feet of the entrance to the building in which the polling
place is found.

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

*Fill in either (1), (2) or (3)

Dated: _____
(Insert month, day, year)

(Signature of Voter)

(Name of Voter - please print)

This request must be made to the election authority not later than the close of business at the election authority's office on the day before the election, and the election authority shall notify the judges of election for the appropriate precinct polling place of such request.