



**FOR THE RESIDENTS OF CHICAGO
APPLICATION FOR
A VOTE BY MAIL BALLOT
MUNICIPAL RUNOFF AND
SUPPLEMENTARY ALDERMANIC ELECTIONS
APRIL 2, 2019**

OFFICE USE ONLY	
VRN	
Pct	Wd
Code	
Date	
User	

SAVE TIME. APPLY ONLINE AT chicagoelections.com
or complete this form and return by 5 pm on March 28, 2019 to:

CHICAGO BOARD OF ELECTIONS
69 W. WASHINGTON ST., SUITE 600
P.O. BOX 1179
CHICAGO, IL 60690-1179

PRINT CLEARLY

This form **cannot** be submitted by fax or email. Note: Voters may apply online.

Voter Registration Number (if known)*		Precinct*	Ward*
Name		Year of Birth*	
Address		Apt.	
CHICAGO, ILLINOIS		Zip Code	
Email*	Phone Number* () -		
I want my ballot mailed to my registration address <input type="checkbox"/> or to address below <input type="checkbox"/>			
Address		Apt.	
City	State or Foreign Country	Zip Code or Postal Code	

*Not required but may aid in processing your application

I certify that I reside at the address specified above, that I have lived at such 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 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 Chicago Board of Elections prior to the closing of polls on the date of the election or, if returned by mail, postmarked by 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 at any subsequent election.

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.

X	/ /
Voter signature	Date

Your signature will be compared to and must match your Voter Registration Record.
Voter is required to sign above, no other person may sign for a voter.