

PERMANENT VOTE BY MAIL PROGRAM ENROLLMENT APPLICATION

La Salle County Clerk
707 E. Etna Rd
Ottawa, IL 61350
Phone 815-434-8202



LA SALLE COUNTY ILLINOIS

Working for you!

Dear Voter,

Below please observe information about the Permanent Vote By Mail Program which allows a voter to vote by mail instead of at the polls for the elections that are marked.

By completing and returning this enrollment form to the La Salle County Clerk's office, you have the choice to enroll or opt out of Permanent Vote by Mail. If you are a registered voter in La Salle County, Illinois, you may complete and return the form below to the La Salle County Clerk's Office. Please select whether to receive a ballot for all elections (*Primary, Consolidated & General*), only elections that do not require a party designation (*Consolidated & General*), or to not enroll.

Please be advised that if you **DO NOT** sign and date under your corresponding option your application will be mailed back.

If you have any questions, please contact the Elections Department at (815) 434-8202 or email our office at countyclerk@lasallemountyil.gov

Sincerely,
Jennifer Ebner
La Salle County Clerk

YOUR APPLICATION WILL NOT BE PROCESSED IF THIS (*) PORTION IS NOT COMPLETED

*VOTER NAME _____ *TELEPHONE _____
*HOME ADDRESS _____ VOTER ID # _____
*CITY, STATE, ZIP CODE _____ *DRIVERS LICENSE/STATE ID # _____
*BIRTH DATE _____ EMAIL _____ *LAST 4 DIGITS OF SS# _____

I am currently a registered voter and wish to apply for a Permanent Vote By Mail status, or apply to NOT enroll below.

I state that I reside at the address specified above, in the stated precinct and county, 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 the next regularly scheduled election, and that:

Choose one of the following (3) three options:

Option 1 ☐ I do not want to receive ballots in the mail for the **Primary Election**, so I do not have to declare a party.

Option 2 ☐ I want to vote by mail in **all elections** (Primary, Consolidated and General) and wish to receive the party ballot indicated below for the primary elections:

☐ Democratic

☐ Republican

☐ Other* _____

MAILING ADDRESS FOR BALLOT (if different from registration address):

I hereby make application for an official ballot to be voted by me at such election. I agree that I shall return such ballot to the official issuing the same prior to the closing of the polls on the date of the election. If the ballot is returned by mail, it must be postmarked no later than Election Day, so that it may be counted during the period for counting provisional ballots, with the last day being the 14th day following Election Day.

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.

DATE _____ VOTER'S SIGNATURE _____
Your application will not be processed if the form is not filled out completely and signed.

If you wish to vote at the polls or request a Vote By Mail ballot as needed, please check the box below. Please fill out your voter information above.

Option 3 ☐ I do not want to enroll in the Permanent Vote By Mail program. I will vote at the polls or request a Vote By Mail ballot as needed.

DATE _____ VOTER'S SIGNATURE _____
Your application will not be processed if the form is not filled out completely and signed.