



OFFICE OF RYAN A. NIEKAMP
ADAMS COUNTY CLERK & RECORDER
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VOTER
ID: _____

STAFF
INITIALS: _____

PCT/STYLE: _____

APPLICATION FOR A VOTE BY MAIL BALLOT

Name	_____ Last	_____ First	_____ Middle initial	_____ Suffix
Contact Info	Email Address: _____ Phone Number: _____			
Registration Address	_____ Address	_____ Unit/Apt	_____ City/Town, State	_____ Zip
	_____ Precinct			
Mailing Address for Ballot	<input type="checkbox"/> Send my Vote by Mail Ballot to the address above (Mark box to left for this option) OR MAIL TO: _____ Address			
		_____ Unit/Apt	_____ City/Town	_____ Zip
Vote by Mail Application Info	<input type="checkbox"/> I would like a vote by mail ballot for <u>ALL</u> future elections I am eligible to vote in <input type="checkbox"/> I would like a vote by mail ballot for <u>ONLY</u> the upcoming election: _____ Election Date Primary Ballot Choice: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-Partisan ** NOTE: If "Non-Partisan" is chosen, and there is not a non-partisan ballot for a primary election, you will not receive a ballot for that election unless you submit a one-time vote by mail application declaring a party for that election only.			
Sign Here	I hereby certify that have lived at said address for 30 days or more preceding this election, that I am lawfully entitled to vote in such a precinct at said election, to be held therein, and that I wish to vote by absentee ballot. 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 midnight 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. Under penalties as provided by law pursuant to 10 ILCS 5/29-10, I certify that the statements set forth on this application are true and correct. _____ Signature or Mark			
		_____ Date		

RETURN COMPLETED APPLICATION TO:
ADAMS COUNTY CLERK
507 VERMONT ST.
QUINCY, IL 62301