

**ROCKFORD BOARD OF ELECTIONS**  
**301 S. 6TH STREET, ROCKFORD, IL 61104**

For Office Use Only:

Ballot Style: \_\_\_\_\_

Judge's Initials: \_\_\_\_\_

**APPLICATION FOR VOTE BY MAIL**

Below you will find your application to Vote by Mail in a single election or permanently in all elections you select. Your application must be completed, signed and returned to the Rockford Board of Elections Office prior to receiving a ballot. Applications can be sent back via mail, email, fax or in person. You may also apply for a Vote By Mail ballot on our website voterockfordil.gov.

**SELECT ONLY ONE OPTION**

OPTION 1

OPTION 2

<p><b>THIS ELECTION ONLY</b></p> <p>Please Choose One (<i>For Primary Elections Only</i>)</p> <p><input type="checkbox"/> Democratic</p> <p><input type="checkbox"/> Republican</p> <p><input type="checkbox"/> Non-Partisan (<i>Only if referendum is available</i>)</p> <p><input type="checkbox"/> Other _____</p>	<p><b>PERMANENT VOTE BY MAIL</b></p> <p>_____</p> <p style="text-align:center;">Voter's Initials</p> <p>I am currently a registered voter and wish to apply for Permanent Vote by Mail Status</p> <p><input type="checkbox"/> I wish to vote in all subsequent elections that <b>DO NOT</b> require a party designation <b>OR:</b></p> <p><input type="checkbox"/> I wish to vote in <b>ALL</b> subsequent elections <b>AND</b> I wish to receive the following ballot in elections requiring a party designation:</p> <p><input type="checkbox"/> Democratic</p> <p><input type="checkbox"/> Republican</p> <p><input type="checkbox"/> Non-Partisan (<i>Only if referendum is available</i>)</p> <p><input type="checkbox"/> Other _____</p>
<p>_____</p> <p style="text-align:center;">Voter's Initials</p>	<p>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.</p>

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ VID: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Ward and Precinct: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime / Cell Phone #: \_\_\_\_\_

Mailing address for Vote by Mail Ballot (if different from Residence Address):

Number and Street Name

City

State

Zip Code

I certify that I reside at the residence address specified above, in the stated precinct in the City of Rockford, that I have lived at such address for 30 days or more preceding this election, and 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 to be voted by me at such election, and I agree that I shall return such ballot to the election 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.

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. NOTE: The applicant **MUST** sign below. No one may sign on applicant's behalf.

\_\_\_\_\_  
Voter Signature

\_\_\_\_\_  
Date