

PERMANENT VOTE BY MAIL PROGRAM ENROLLMENT APPLICATION



Fulton County Clerk
100 N. Main Street
Lewistown, IL 61542
Phone 309-547-3041
Fax 309-547-3326

Dear Voter,

I am pleased to provide information about the Application for Ballot by Mail Program which helps voters who prefer to receive their ballots by mail in all or most elections.

Completing and mailing the enrollment application for the program automatically causes you to receive a ballot for the elections that you designate. This is not a request to vote by mail in one election only. Enrollment in the program remains in effect until you provide notification to cancel or your voter registration becomes inactive.

To enroll, you must be a registered voter in Fulton County, Illinois. You must complete and mail the form below to the County Clerk's office. Please select whether to receive a ballot for all elections or only elections that do not require a party designation.

If you have any questions, please contact the Elections Department at (309) 547-3041 ext 119 or 120 or email our office at kmayberry@fultonco.org or kshaeffer@fultonco.org.

Sincerely,
Patrick J. O'Brian
Fulton County Clerk

PERMANENT VOTE BY MAIL PROGRAM ENROLLMENT APPLICATION

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Fulton County Clerk
100 N. Main
Lewistown, IL 61542

Voting By Mail Information
(309) 547-3041

FOR COUNTY USE ONLY
Application Date: _____

Please notify the Fulton County Clerk immediately if permanent registration address changes

TYPE or PRINT CLEARLY

VOTER NAME _____ TELEPHONE _____

HOME ADDRESS _____

CITY, STATE, ZIP CODE _____

BIRTH DATE _____ EMAIL _____

I am currently a registered voter and wish to apply for permanent vote by mail status.

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:

I wish to vote by mail in all subsequent elections that do not require a party designation.

- or -

I wish to vote by mail in all subsequent elections and wish to receive the party ballot indicated below in all elections that require a party designation.

Democratic

Republican

Other* _____

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 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.

MAILING ADDRESS for application (if different from registration address):

Number and Street / P.O. BOX _____ City _____ State _____ Zip Code _____

DATE _____ VOTER'S SIGNATURE _____

Permanent Vote By Mail enrollment will not be processed if form is not completely filled out and signed.

I will notify the Fulton County Clerk immediately if my permanent registration address changes