



APPLICATION FOR THE PERMANENT VOTE BY MAIL ROSTER IN THE CITY OF CHICAGO

OFFICE USE ONLY	
VRN	
Pct	Wd
Code	
Date	
User	

PRINT CLEARLY

Name		Suffix	Year of Birth
Address		Apt.	Zip Code
CHICAGO, ILLINOIS	Phone Number () -		Email
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

I wish to receive a Vote By Mail ballot in:	CHECK ONE
	<input type="checkbox"/> All future elections that do not require a Party designation (ex. General, Municipal) <input type="checkbox"/> All future elections, and I wish to receive the below Party Vote By Mail ballot in elections that require a Party designation
	CHECK ONE <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Green <input type="checkbox"/> Non-Partisan (referenda only) <input type="checkbox"/> Libertarian <i>(Please note: some Party ballots may not be available for every Primary Election)</i>
Opt Out	<input type="checkbox"/> I wish to remove myself from the Permanent Vote By Mail Roster
Change of Mailing Address	<input type="checkbox"/> I wish to change the mailing address where my Vote By Mail ballot will be sent to the address listed above <i>(Please note: this will NOT update your voter registration address)</i>
Check if requesting a mail ballot in one of the following languages:	CHECK ONE
	<input type="checkbox"/> Spanish/Español <input type="checkbox"/> Chinese/中文 <input type="checkbox"/> Korean/한국어 <input type="checkbox"/> Hindi/हिंदी <input type="checkbox"/> Polish/Polski <input type="checkbox"/> Tagalog

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(s) specified in this application. 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.

**This form must be returned no later than 5 days prior to any election by personal delivery or mailing it to:
Chicago Board of Elections, 69 W. Washington St. #800, Chicago, IL, 60602.**

Please call (312) 269-7967 or email VoteByMail@chicagoelections.gov with any questions or issues.