



**FOR THE RESIDENTS OF CHICAGO
APPLICATION FOR
A VOTE BY MAIL BALLOT
GENERAL ELECTION
NOVEMBER 5, 2024**

OFFICE USE ONLY	
VRN	
Pct	Wd
Code	
Date	
User	

SAVE TIME. APPLY ONLINE AT chicagoelections.gov
or complete this form and return by 5 pm on October 31, 2024 to:

CHICAGO BOARD OF ELECTIONS
69 W. WASHINGTON ST., SUITE 600
P.O. BOX 1179
CHICAGO, IL 60690-1179

Email: adaaccess@chicagoelections.gov

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	

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 will have lived at such address for 30 days or more before Election Day, 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 further certify that due to my disability, I cannot personally mark a regular paper Vote By Mail ballot or ballots in secret without assistance, and I therefore request to receive my Vote By Mail ballots electronically so that I may privately and independently mark the electronic ballots, print the marked ballots and return the ballots inside the sealed certification envelope by mail, by personal delivery or by depositing into a Secured Drop Box at an Early Voting site.

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 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.

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 at any subsequent election.

Under penalties for perjury as provided by law pursuant to 10 ILCS 5/29-10, the undersigned certifies that all 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.