



**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](http://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

**PRINT CLEARLY**

This form **cannot** be submitted by fax or email. Note: Voters may apply online.

Name		Suffix	Year of Birth
Address		Apt.	Zip Code
<b>CHICAGO, ILLINOIS</b>	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

- Spanish/Español     
  Chinese/中文     
  Korean/한국어  
 Hindi/ हिंदी     
  Polish/Polski     
  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.

<b>X</b> _____ Voter signature	____ / ____ / ____ _____ Date
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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.