

Pete Duncan, Macoupin County Clerk

Address: P.O. Box 107, Carlinville, IL 62626

Phone: (217) 854-3214

Email: elections@macoupincountyil.gov

APPLICATION FOR A VOTE BY MAIL BALLOT
Consolidated Election — April 1st, 2025

Residence Address:

Address to which the ballot should be mailed: *(if different from above)*

Additional Information: *(optional)*

Phone	Email	DOB
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Dated: _____, 20 _____

(Signature of Applicant)

(Name of Applicant - Please Print)

I state that I reside at the address specified above, 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 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.

I understand that this application is made for an official vote by mail ballot 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 to be voted by me at any subsequent election. 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.

IN ORDER TO MAIL YOUR BALLOT, WE MUST RECEIVE YOUR APPLICATION 5 DAYS PRIOR TO ELECTION DAY.
Please return this application to:

Pete Duncan, Macoupin County Clerk, P.O. Box 107, Carlinville, IL 62626