6/2023

Montgomery County, IL Application for PERMANENT VOTE BY MAIL BALLOT STATUS

VOTER PLEASE PRINT OR TYPE	V	OTER	PLE	EASE	PRINT	OR	TYPE
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VOIER	PLEASE PRII	NI OR TIPE.								
1. NAME	Last Name	First Name		Middle Nam	ie	Suffix				
Residence	Street Address (inc	lude apt, lot, etc, if applicable)								
		T =	T	T						
City		State	ZIP	Daytime Phon	ne and E-ma	til				
2. DATE OF BIRTH (Month, Day, Year)				DMED NAME /	if applicable					
Z. DATE O	F BIRTH (MONU), D	ray, rear)	FC	ORMER NAME (п аррпсавіє	;)				
0.40000	-00 TO WILLIAM	ALL OT 10 TO DE MAIL ED #								
		BALLOT IS TO BE MAILED (Le t, etc.) AND P.O. Box # (if applicab		ddress is differe	ent than resid	dence address)				
Street Addi	ess (ilicidde apt, ioi	i, etc.) AND F.O. BOX # (ii applicab	ne)							
City		State	ZIP		Country (o	other than USA)				
City		State	211		Country (o	ther than OOA)				
		ered voter and wish to apply								
		official ballot to be voted by m								
		County Clerk prior to the clo ater than Election Day, for co								
by man, p	ostinanca no i	ator triair Election Day, for oc	January no later		day follow	mig Election Day.				
		vided by law pursuant to 10	ILCS 5/29-10 o	f the Election	Code, I c	ertify the statements				
set forth i	n this application	n are true and correct.								
(Chook	one of the fall	owing)								
(Cileck (one of the foll	owing)								
	ertify I have lived	at the residence listed above for	or 30 days or mor	e preceding th	is Election	. that I am lawfully				
I certify I have lived at the residence listed above 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 I wish to vote by mail at ALL										
<u>sul</u>	bsequent electio	ns that do NOT require a part	ty designation.							
Ic	ertify I have lived	at the residence listed above for	or 30 days or mor	e preceding th	is Election	, that I am lawfully				
└── en	entitled to vote in such precinct at the next regularly scheduled Election and I wish to vote by mail in ALL									
		ons AND wish to receive the e a a party designation. Mark ch			lot indicat	ed below in all				
<u> </u>	ections requiring	a party designation. Mark cr	losen Faity box	\	\	_				
				Democrat	ic <u>or</u>	□ Republican				
W VO	TER MUST									
	N HERE				DATE:					
										

Application must be received no later than at least 5 days prior to the Election at:

MONTGOMERY COUNTY CLERK

#1 COURTHOUSE SQUARE

P.O. BOX 595

HILLSBORO, IL 62049