

SNOWBIRD PROGRAM ENROLLMENT APPLICATION

Grundy County Clerk/Election Authority 111 E. Washington St. Rm. 12 Morris, IL 60450 Phone 815-941-3222 Fax 815-942-2222

Dear Voter,

I am pleased to provide information about the <u>Snowbird Program</u> which helps voters who temporarily vacation or visit outside their precinct each year and prefer to vote by mail.

Completing the enrollment application for the program automatically causes you to receive an application for ballot prior for the elections that you designate. This is not a request to vote by mail in one election only.

Enrollment in the program remains in effect until you provide notification to cancel or your voter registration becomes inactive.

To enroll, you must be a registered voter in Grundy County, Illinois. You must complete the <u>Snowbird Program</u> form below. Select all or each specific primary, general and consolidated elections in which you wish to vote. You must provide the temporary address where the application and ballot should be mailed. Return the form to the Grundy County Clerk's office. As required by state law, you will receive a separate application for ballot prior to each election. <u>Once our office receives your completed and signed application</u>, a ballot can be mailed to the address provided.

If you have any questions, please contact the Elections Department at 815-941-3222 option #1 or email our office at **Elections@grundyco.org**.

Sincerely,

Kay T. Olson Grundy County Clerk			-1	
KAY T. OLSON Grundy County Clerk 111 E. Washington Street Rm. 12 Morris, Illinois 60450	SNOWBIRD PROGRAM ENROL		FOR COUNTY USE ONLY Application Date:	
Please notify the Gr	undy County Clerk immediately if permane	nt registration or temporary	address changes.	
TYPE or PRINT CLEARLY				
VOTER NAME				
HOME ADDRESS				
CITY, STATE, ZIP CODE				
BIRTH DATE	EMAIL			
	dy County, Illinois and eligible to vote. I will y temporary address during any elections s		-	
Please check election(s) in which you	wish to receive an application for ballot.			
Even Years: March Prim	ary Election Odd Ye General Election	ars: February Consolid April Consolidated		
TEMPORARY MAILING ADDRESS _				
P.O. Box (if applicable)				
City, State, Zip Code		Telephone		
DATEVO	OTER'S SIGNATURE			

Enrollment will not be processed if form not completely filled out and signed.