## PERMANENT VOTE BY MAIL PROGRAM ENROLLMENT APPLICATION

Grundy County Clerk/Election Authority 111 E. Washington St. Rm. 12 Morris, IL 60450 Phone (815) 941-3222, Option #1 Fax (815) 942-2222



Dear Voter,

I am pleased to provide information about the <u>Application for Ballot by Mail Program</u> which helps voters who prefer to receive their ballots by mail in all or most elections.

Completing and mailing 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 and mail the form below to the County Clerk's Office. Select all or each specific primary, general and consolidated elections in which you wish to vote. As required, by state law, you will receive a separate application for ballot prior to each election. **Once our office receives your completed and signed application for ballot**, a ballot for the current election 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@grundycountyil.gov**.

Sincerely,

Sincerely,					
Kay T. Olson Grundy County Clerk					
KAY T. OLSON Grundy County Clerk 111 E. Washington Street R	PERMANENT VOTE BY MAIL	PERMANENT VOTE BY MAIL PROGRAM ENROLLMENT APPLICATION  2 Voting By Mail Information		FOR COUNTY USE ONLY Application Date:	
Morris, Illinois 60450			(815) 941-3222, Option #1		
	ease notify the Grundy County Cle	erk immediately if perma	nent registration address ch	anges.	
TYPE or PRINT CLEARLY					
VOTER NAME					
HOME ADDRESS					
CITY, STATE, ZIP CODE _					
BIRTH DATE		EMAIL			
I am a legally registered vobelow:	ter in Grundy County, Illinois and e	ligible to vote. I request	an Application for Ballot pric	or to each election as indicated	
Please check election(s) in	which you wish to receive an appl	ication for ballot.			
Even Years:	March Primary Election	Odd Years:	Odd Years: February Consolidated Primary (if applicable)		
	November General Election		April Consolidated Ele	ction	
MAILING ADDRESS for application (if different from registration address):					
Number and Street / P.O. E	BOX	City	State	Zip Code	
DATE	VOTER'S SIGNATURE _				