

Michelle M. Kollmann
Effingham County Clerk
101 N. 4th Street Effingham, IL 62401

For Office Use Only:
Ballot Style: _____
Judge's Initials: _____

APPLICATION FOR VOTE BY MAIL

Below you will find your application to Vote by Mail in a single election or permanently in all elections.
Your application must be completed, signed, and returned to the County Elections Office prior to receiving a ballot.
Applications may be returned via mail, or in person.

OPTION 1	OPTION 2
APPLICATION	APPLICATION
VOTE BY MAIL BALLOT, <i>THIS ELECTION ONLY</i> General Primary - March 17, 2026 -----	PERMANENT VOTE BY MAIL STATUS
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican	I am a registered voter in Effingham County and wish to apply for Permanent Vote by Mail Status
I understand that this application is made for an Official Vote by Mail ballot or ballots 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 or ballots to be voted by me at any subsequent election.	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <div style="text-align: center; font-size: small;">Voter's Initials</div>
	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <div style="text-align: center; font-size: small;">Voter's Initials</div>
	<input type="checkbox"/> I wish to vote in all elections that DO NOT require a party designation OR ; <input type="checkbox"/> I wish to vote in ALL elections AND I wish to receive the party ballot indicated below in elections requiring a party designation: (choose one) <input type="checkbox"/> Democratic OR <input type="checkbox"/> Republican

Applicant's Name: (please print) _____ Birth Date: _____

Residence Address: _____ City _____ Zip: _____

Precinct: _____ Email: _____
(Office Use Only)

Telephone #: _____

Mailing address for Vote by Mail Ballot (if different from Residence Address):

Number and Street Name

City State Zip Code

I certify that I reside at the address specified above, in the stated precinct in Effingham County, that I have lived at such address for 30 days or more preceding this election, and that I am lawfully entitled to vote in such precinct at said election to be held therein. I 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 election 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. 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.

NOTE: The applicant MUST sign below. NO ONE may sign on applicant's behalf.

* IT IS THE VOTER'S RESPONSIBILITY TO REPORT ANY CHANGES OF INFORMATION *

Voter Signature _____ Date _____