

**COUNTY OF WOODFORD, STATE OF ILLINOIS
APPLICATION FOR ABSENTEE BALLOT**

GENERAL ELECTION held on **November 2, 2010**

Print: Name, Address & Phone Number

| |
|---------------|
| |
| |
| |
| |
| Phone: |

| | |
|---------------------------|------------------|
| OFFICE USE ONLY | |
| PRECINCT NAME | BALLOT STYLE |
| | |
| PRECINCT NUMBER -TAX CODE | LOG NUMBER |
| | |
| VOTER ID NUMBER | TABULATOR NUMBER |
| | |

GRACE

EARLY

ABSENTEE

NURSING HOME

I state that I am a resident in the precinct and County specified above, that I have lived at said address for 30 days or more preceding this election, that I am lawfully entitled to vote in such precinct at said election to be held and that I wish to vote by absentee ballot.

I hereby make application for an official ballot(s) to be voted by me at such election, and agree that I shall return the ballot(s) 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 midnight preceding election day, for counting no later than during the period for counting provisional ballots, the last day which is the 14th day following the election day.

Under penalties as provided by the law pursuant to ILSC 5/29-10 of the Election Code, the undersigned certifies that the statements set forth in this application are true and correct.

| |
|--|
| ADDRESS TO WHICH BALLOT IS TO BE MAILED |
| |
| |
| |

DATED _____, 20__

(Signature of Applicant)

(Printed Name of Applicant)

| |
|---|
| Return Application to: Woodford County Clerk 115 N. Main Room 202 Eureka, IL 61530 |
|---|