COUNTY OF SALINE, STATE OF ILLINOIS
APPLICATION FOR ABSENTEE BALLOT

NUMBER _____

PRINT - VOTER NAME AND RESIDENT ADDRESS

FOR PRIMARY USE ONLY	
❒ DEMOCRATIC	❒ NONPARTISAN
❒ REPUBLICAN	❒ _____
PRECINCT I.D.	

DATE OF ELECTION: NOV - 8 2016

Issued By: Kim Buchanan
Saline County Clerk

I state that I am a resident in the precinct and county specified above and that I am lawfully entitled to vote in such precinct at said election.

I hereby make application for an official ballot or ballots to be voted by me at such election, and I agree that I shall return such ballot or ballots to the 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 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.

X

ADDRESS TO WHICH BALLOT IS TO BE MAILED

X DATED _____, 20 _____

X _____
(Signature Of Applicant)

X _____
(Name Of Applicant - Please Print)