PERMANENT VOTE BY MAIL PROGRAM ENROLLMENT APPLICATION

Cumberland County Clerk P.O. Box 146 Toledo, IL 62468 Phone 309-547-3041



Dear Voter,

I am pleased to provide information about the Application for Ballot by Mail Program 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 a ballot** 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 Cumberland County, Illinois. You must complete and mail the form below to the County Clerk's office. Please select whether to receive a ballot for all elections or only elections that do not require a party designation.

If you have any questions, please contact the County Clerk's office at (217) 849-2631 or email our office at bhoward@cumberlandcoil.gov. Sincerely,

Beverly Howard Cumberland County Clerk		Jo
Beverly Howard Cumberland County Clerk Toledo, IL 62468	PERMANENT VOTE BY MAIL PROGRAM ENROLLMENT APPLIC	Application Date:
P.O. Box 146 Toledo, IL 62468	Voting By Mail Inf (217) 849-2	
Please notify the Cumberland County Clerk immediately if permanent registration address changes		
TYPE or PRINT CLEARLY		
VOTER NAME		TELEPHONE
HOME ADDRESS	·	
CITY, STATE, ZIP CODE _		
BIRTH DATE	EMAIL	<u>*</u>
I am currently a registered voter and wish to apply for permanent vote by mail status.		
I state that I reside at the address specified above, that I have lived at such address for 30 days or more preceding this election, that I am lawfully entitled to vote at the next regularly scheduled election, and that:		
 I wish to vote by mail in all subsequent elections that do not require a party designation. or - I wish to vote by mail in all subsequent elections and wish to receive the party ballot indicated below in all elections that require a party designation. 		
☐ Democrat	ic Republican Other*	
I wish to Opt Out of the permanent vote by mail program. I will vote at the polls or request a Vote by mail ballot as needed.		
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 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. MAILING ADDRESS for application (if different from registration address):		
Number and Street / P.O. Bo	OX City	State Zip Code
DATE	VOTER'S SIGNATURE	

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