

|                                   |
|-----------------------------------|
| BALLOT STYLE                      |
| FOR ELECTION AUTHORITY'S USE ONLY |

**RETURN TO:**  
 DuPage County Election Commission  
 421 N. County Farm Rd.  
 P.O. Box 1087  
 Wheaton, Illinois 60187

|                                |                  |
|--------------------------------|------------------|
| VOTER'S CONSECUTIVE NO.        | JUDGE'S INITIALS |
| NO. _____                      |                  |
| FOR JUDGE OF ELECTION USE ONLY |                  |

I hereby make application for an official ballot(s) to be voted at the **CONSOLIDATED PRIMARY** Election on 03 - 20 - 2018  
 ( MONTH DAY YEAR )  
 in DuPage County and the State of Illinois. I agree that I shall return the ballot(s) to the election authority 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. I state that I am residing at the address designated below. I have lived at said address for 30 or more days preceding this election, and that I am lawfully entitled to vote in such precinct at said election to be held herein.

I understand that this application is made for an official absentee 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 absentee ballot or ballots to be voted by me at any subsequent election.

Under penalties provided by law pursuant to 10 ILCS 5/29, the undersigned certifies that the statements set forth in this application are true and correct.

| APPLICANT'S STREET ADDRESS | CITY OR TOWN | ZIP CODE |
|----------------------------|--------------|----------|
|                            |              |          |

Address to which ballot is to be mailed: (if not the same as above)

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| APPLICANT'S SIGNATURE           |                    |
|---------------------------------|--------------------|
|                                 |                    |
| APPLICANT'S NAME (PLEASE PRINT) | DATE OF BIRTH      |
|                                 | ____ - ____ - ____ |
| APPLICANT'S PHONE NUMBER        | TODAY'S DATE       |
|                                 | ____ - ____ - ____ |

PLACE  
STAMP  
HERE

DuPage County Election Commission  
421 N. County Farm Road  
P.O. Box 1087  
Wheaton, IL 60187-9524

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