## **JSMC Absentee Ballot Application**

Complete and Mail this application to: JSMC ELECTIONS 2019

P O BOX 849, Streamwood, IL 60107-2971

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Voter Name Required	1	First Middle			
		Last			
Address at which you are Registered to Vote Required	2	Street Address (no P.O. boxes)	State		
	2	City/Village	ZIP		
Payment Details Required Each requestor needs to attach a \$10 Payment as per by-law 9P.		\$10 Payment Required for each vote Paid By Check	er requesting absentee ballot paid by check . Check #		
		Make Checks Payable to <b>JSMC</b>	Amount paid by Check \$		
Identification Required		Attach a Copy of a current and valid photo identification (Copy of Driver's License/State ID or Passport)			
	4	☐ Your JSMC MEMBERSHIP ID # (O	ptional)		
Email & Phone Required		Email Address (Unique email address)			
You must complete a separate application for each voter.	5	Each voter needs to provide their unique email address to receive a link for electronic voting.			
		Telephone Number			
Affirmation Required		This Absentee Ballot request must be	received by Tuesday - November 12th.		
		<ul> <li>I agree to pay administrative fee of \$10 as per the JSMC constitutional requirement By-law 9-P.</li> </ul>			
		<ul> <li>I understand that failure to provide all required information will result in rejection of this absentee ballot request.</li> </ul>			
		I understand that Judges reserve the rights to reject absentee ballot request.			
	7	<ul> <li>Once received my absentee ballot she</li> </ul>	ould be casted before Friday, November 15, 2019 by 5:00 PM.		
		Signature X			
			MM/DD/YYYY		

Absentee ballot will be issued to your unique email address starting Nov 4th, 2019 to Nov 12th, 2019. The electronic ballot response must be received <u>no later</u> than Nov 15th, 2019 by 5:00 PM.

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