

**FOR OFFICE USE ONLY**

Key \_\_\_\_\_  
Pct. \_\_\_\_\_ Wd. \_\_\_\_\_  
Code \_\_\_\_\_  
Date \_\_\_\_\_

**FOR RESIDENTS OF CHICAGO  
APPLICATION FOR A CIVILIAN  
ABSENT VOTER'S BALLOT**

FORM 500 W

**OFFICE USE ONLY**

**PRIMARY ELECTION  
MARCH 20, 2012**

I, \_\_\_\_\_ state that I am a resident of the \_\_\_\_\_ precinct of the \_\_\_\_\_ ward,  
(Print Name)  
residing at \_\_\_\_\_ in the City of Chicago, Illinois; that I have (or will have) resided at said address  
at least thirty days through the day of the election indicated above; that I am lawfully entitled to vote at said election.

I hereby make application for an official ballot or ballots to be voted by me at such election and agree that I shall return the ballot or  
ballots to the Board of Election Commissioners prior to the closing of the polls (7:00 p.m.) on the date of the election. Application  
by mail must be received by 6:00 p.m. on March 15, 2012. Application for in-office voting only will be accepted until 5:00 p.m. on  
March 19, 2012. Voter agrees to return the ballot, if by mail, so that it is dated/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 in Article 29 of the Election Code, I hereby certify that the statements  
set forth in this application are true and correct.

**Voter  
Sign here:**

X

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**This signature must match your Registration Record and your returned voted ballot.**

I desire to vote in the primary election of the following party where applicable: (check one)

- Democratic    Republican    Green    Democratic/Green    Republican/Green    Nonpartisan (if applicable-  
referendum only)

**Address where your ballot should be sent:** (Please Print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (        ) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Voter Registration Number (if known) \_\_\_\_\_

**This form cannot be submitted by email or fax. You must return the original form to:  
Board of Election Commissioners - 69 W. Washington St., Suite 600 - P.O. Box 1179 - Chicago, IL 60690-1179**