

Dear Voter:

I am pleased to provide the Regular Absentee Program. You must be a registered voter in Madison County, Illinois to participate in the this program. This program simplifies absentee voting for registered voters who routinely vacation or visit outside their precinct each year.

**Enrollment in this program is effective until you notify us to cancel it.**

To enroll, fill out the form below including your temporary address and return it to the Madison County Clerk s Office. You will automatically receive an Application for an Absentee Ballot at your temporary address before the specific elections that you check on the enrollment form below. Please note: we will send absentee applications to your temporary address until you cancel your enrollment in the Regular Absentee Program. If you have questions about the program, please contact the Absentee Voting Department at (618) 296-4500 or e-mail us at absentee@co.madison.il.us.

Sincerely,



Mark Von Nida  
Madison County Clerk

**Your enrollment form must be returned *before* an application may be mailed to you.**

MARK VON NIDA  
MADISON COUNTY CLERK  
157 NORTH MAIN STREET, ROOM 109  
PO BOX 218  
EDWARDSVILLE, IL 62025

**REGULAR ABSENTEE  
PROGRAM ENROLLMENT**

ABSENTEE VOTING DEPARTMENT  
618-296-4500

FOR ELECTION AUTHORITY USE ONLY

Application Date \_\_\_\_\_  
Township \_\_\_\_\_  
Precinct \_\_\_\_\_

(Print or Type)

VOTER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

I state that I am a legally registered voter in Madison County, Illinois and eligible to vote therein. I expect to be temporarily residing outside the in which I am registered to vote:

From (month & day) \_\_\_\_\_ Until (month & day) \_\_\_\_\_

I request that an application for an absentee ballot be mailed to me prior to each election at which I am entitled to vote as indicated by an "X" in the following box(es):  
*Even Years:* February Primary Election  *Odd Years:* February Consolidated Primary  (if applicable)  
November General Election  April Consolidated Election

Such application for ballot shall be mailed to the following address:

TEMPORARY ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

I agree to notify the Madison County Clerk immediately if my temporary or permanent registration address should change.

DATE \_\_\_\_\_ VOTER'S SIGNATURE \_\_\_\_\_