Champaign County Address Change

Fill out all the fields below. Voter ID:

Name	1	_____ _____ _____ _____ *Last Name *First Name Middle Name Suffix
Contact Info	2	Email Address: Phone number: ( )
Identification	3	IL Driver's License or Illinois State ID Card __ __ __ __ - __ __ __ __ - __ __ __ __ Last four digits of your Social Security Number here: ___ ___ ___ ___
Previous Address	4	_____ _____ _____ ___ _____ *Address (no P.O. Boxes) Unit # & Residence Hall * City or Town State *Zip Code
New Address	5	_____ _____ _____ ___ _____ *Address (no P.O. Boxes) Unit # & Residence Hall * City or Town State *Zip Code
Vote by Mail Application	6	☐ I would like the Clerk's Office to send me Vote by Mail ballot for the upcoming election. ☐ I would like my ballot mailed to the address above *Please note: a vote by mail ballot must be requested for each election.* *Mailing Address for Ballot if different from Registration:* _____ _____ _____ ___ _____ *Address (no P.O. Boxes) Unit # & Residence Hall * City or Town State *Zip Code
Sign Here	7	I, the undersigned, request that my voter registration address be changed and 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 Electon 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 understand that this application is made for an official Vote by Mail ballot or ballots to be voted by me at the election specificed in this application and that I must submit a separate application for an official Vote by Mail ballot or ballots to be voted by me at any subsequent election. _____ _____ *Sign Your Name or Place Your Mark Here Date