APPLICATION FOR VOTE BY MAIL BALLOT

Please type or print clearly in ink. All information required unless marked optional.

	I hereby apply for a Mail-In Ballot for: (CHECK ONLY ONE)		MILITARY/OVERSEAS VOTER ONLY I request Vote-By-Mail Ballots for all elections in which I am					
1	ALL FUTURE ELECTIONS, until I request otherwise in writing.		eligible to vote and I am (CHECK ONLY ONE)					
	Or for ONLY ONE of the following: General (November)		A Member of the Uniformed Services or Merchant Marine on					
	Primary (June) Municipal School Fire		active duty, or an eligible spouse or dependent. A U.S. Citizen residing outside the U.S. and I intend to return.					
			AU.S. Citizen residing outside the U.S. and I do not intend to return.					
	□ SpecialTo be held on/ /		□ A U.S. Citizen residing outside the U.S. and I have never lived in the U.S.					
	PLEASE NOTE: Your ballot can only be sent to the mailing address supplied on this application. If your mailing address changes, you must notify the County Clerk in writing.							
2	Last Name (Type or Print) First Name (Ty	ype or Print)		Middle Name	or Initial	Suffix (Jr., Sr., II	I)	
	Address at which you are registered to vote:		Mail my ballot to the following address: Same Address as Section 3					
3	Street Address or RD# Apt.							
			Please include any PO Box, RD#,					
	Municipality (City/Town) State Zip		any PO Box, RD#, State/Province, Zip/Postal Code					
			& Country (if outside US)					
			(11 Outside 03)					
5	Date of Birth (MM / DD / YYYY) 6 Day Time Phone Number 7 E-Mail Address							
	PLEASE NOTE: This contact information will be used to contact you o Signature: I affirm that I am the person	concernin	g the acceptance of	or rejection of yo		ay's Date (MM / DD /)		
						av S Dale (mm / bb /		
8	who is applying for this ballot and I live at the address designated in box 3 of this form.				9		YYYY)	
8		SECT		R 11 IF AP	9	1 1	YYYY)	
8 10	address designated in box 3 of this form. OPTIONAL - ONLY COMPLETE Assistor: Any person providing assistance to the	voter in			PLICABL n must comp	/ / E		
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INSTRUCTIONS

- Fill out application.
- Print and sign your name where indicated.
- Mail or Deliver application to the County Clerk

DO NOT FAX OR E-MAIL

Unless you are a Military or Overseas Voter

VOTING INFORMATION

- 1. You must be a registered voter in order to apply for a Mail-In Ballot
- 2. Once you apply for a Mail-In Ballot, you will not be permitted to vote by machine at your polling place in the same election
- 4. If returning your Mail-In Ballot in person it must be received 3. You will receive instructions with your ballot. by the County Board of Elections before close of polls or
- after the time for the closing of the polls of the election. the county board of elections no later than 144 hours (6 days) be postmarked no later than Election Day and received by Election Day. If returning your Mail-In Ballot by mail, it must
- 6. You must apply for a Mail-In Ballot for each election, unless 5. Do not submit more than one application for the same election you designate otherwise under Section 1.

PLEASE NOTE

Clerk until 3 P.M. the day before the election. to the election. He or she may also apply in person to the County A voter may apply for a Mail-In Ballot by mail up to 7 days prior

option, the County Clerk's office must be notified in writing. Ballot for all future elections. If such voter no longer wants this Voters now have an option of automatically receiving a Mail-In

WARNING

no later than 3 P.M. the day prior to the election. messenger during County Clerk's office hours, but unless you apply in person or via an authorized Clerk not later than 7 days prior to the election, This application must be received by the County

Name

Street Address

City, State, Zip Code





POSTAGE WILL BE PAID BY ADDRESSEE

CHRISTOPHER J. DURKIN ESSEX COUNTY CLERK 495 DR MARTIN LUTHER KING JR BLVD NEWARK NJ 07102-9948



վելիլը կերույլ երկությերը երկություններին է

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BALLO1

Please Seal with Tape and Return