

Name _____
Street Address _____
Municipality (City/Town) _____ State _____ Zip Code _____



**NO POSTAGE
NECESSARY
IF MAILED
IN
UNITED STATES**

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 626 TOMS RIVER, N.J.

POSTAGE WILL BE PAID BY ADDRESSEE

APPLICATION FOR VOTE BY MAIL BALLOT

**To: SCOTT M COLABELLA COUNTY CLERK
COUNTY OF OCEAN
COURT HOUSE ROOM 107
PO BOX 2191
TOMS RIVER NJ 08754-9913**



VOTE BY MAIL 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.
3. You will receive instructions with your Ballot.
4. If returning your Mail-In Ballot in person, it must be received by the County Board of Elections before the close of polls on Election Day. If returning your Mail-In Ballot by mail, it must be postmarked no later than Election Day and received by the County Board of Elections no later than 48 hours after the time of the closing of the polls for the election.
5. Do not submit more than one application for the same election.
6. You must apply for a Mail-In Ballot for each election, unless you designate otherwise under Section 1.

OCEAN COUNTY CLERK'S ELECTION OFFICE

**P.O. Box 2191, Court House, 118 Washington Street, Room 107
Toms River, New Jersey 08754-2191
(732) 929-2153 (800) 722-0291 www.oceancountyclerk.com**

**DO NOT FAX OR E-MAIL
UNLESS YOU ARE A MILITARY OR
OVERSEAS VOTER**

PLEASE NOTE

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

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

WARNING:

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



1612-45780 NJ RIVER RIVER SMTS
16122 XBX PO BOX 107
COURT HOUSE NJ 08754
OFFICE OF THE CLERK
SCOTT COLABELLA

APPLICATION FOR VOTE BY MAIL BALLOT

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

1	<p>I hereby apply for a Mail-In Ballot for: (CHECK ONLY ONE)</p> <p><input type="checkbox"/> ALL FUTURE ELECTIONS, until I request otherwise in writing.</p> <p>Or for ONLY ONE of the following: <input type="checkbox"/> General (November)</p> <p><input type="checkbox"/> Primary (June) <input type="checkbox"/> Municipal <input type="checkbox"/> School <input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Special _____ To be held on ____/____/____ <small>(Specify) (MM/DD/YYYY)</small></p>		<p>MILITARY/OVERSEAS VOTER ONLY</p> <p>I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am (CHECK ONLY ONE)</p> <p><input type="checkbox"/> A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent.</p> <p><input type="checkbox"/> A U.S. Citizen residing outside the U.S., and I intend to return.</p> <p><input type="checkbox"/> A U.S. Citizen residing outside the U.S., and I do not intend to return.</p> <p><input type="checkbox"/> A U.S. Citizen residing outside the U.S., and I have never lived in the U.S.</p>	
2	<p>Last Name (Type or Print) _____ First Name (Type or Print) _____ Middle Name or Initial _____ Suffix (Jr., Sr., III) _____</p>			
3	<p>Address at which you are registered to vote Street Address or RD# _____ Apt. No. _____</p> <p>Municipality (City/Town) _____ State _____ Zip Code _____</p>		<p>4</p> <p>Mail my ballot to the following address <input type="checkbox"/> Same Address as Section 3</p> <p>Please include _____</p> <p>any _____</p> <p>PO Box, RD#, _____</p> <p>State/Province, _____</p> <p>Zip/Postal Code _____</p> <p>& Country _____</p> <p>(if outside US) _____</p>	
5	<p>Date of Birth (MM/DD/YYYY) ____/____/____ 6 Day Time Phone Number (____) _____ 7 E-Mail Address (Optional) _____</p>			
8	<p>Signature _____ X Please sign your name as it appears in the Poll Book</p>		<p>9 Today's Date (MM/DD/YYYY) ____/____/____</p>	
OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 11 IF APPLICABLE				
<p>Assistant <i>Any person providing assistance to the voter in completing this application must complete this section.</i></p>				
10	<p>Name of Assistant (Type or Print) _____</p> <p>Address _____</p>		<p>Signature of Assistant _____ X Date (MM/DD/YYYY) ____/____/____</p>	
<p>Authorized Messenger <i>Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger shall be a family member or a registered voter of Ocean County. No Authorized Messenger can (1) be a Candidate in the election for which the voter is requesting a Mail-In Ballot or (2) serve as messenger for more than THREE qualified voters in an election.</i></p>				
<p>I designate _____ to be my Authorized Messenger.</p> <p>Address of Messenger _____ Print Name of Authorized Messenger _____</p>				
11	<p>Signature of Voter _____ X Date (MM/DD/YYYY) ____/____/____</p>		<p>Apt. No. _____ Municipality (City/Town) _____ State _____ Zip Code _____ Date of Birth (MM/DD/YYYY) ____/____/____</p>	
<p>Signature of Voter _____ X _____</p> <p>Authorized Messenger must sign application and show photo ID in the presence of the County Clerk or County Clerk designee.</p> <p>STOP "I do hereby certify that I will deliver the Mail-In Ballot directly to the voter and no other person, under penalty of law." Signature of Messenger _____ Date (MM/DD/YYYY) ____/____/____</p>				
<p>Dear Voter: Fold Application, seal with tape, and mail</p>				
<p>OFFICE USE ONLY</p> <p>Voter Reg #: _____ Muni. Code #: _____ Party: _____</p> <p>Ward: _____ District: _____</p>				