# **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:		MILITARY/OVE	DSEAS VOTE	PONIV		
	(CHECK ONLY ONE)	MILITARY/OVERSEAS VOTER ONLY I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am					
	ALL FUTURE ELECTIONS, until I request oth	nerwise in writing.	(CHECK ONLY ONE)				
	Or for ONLY ONE of the following: General (No	A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent.					
1	Primary (June) Municipal School		A U.S. Citizen residing outside the U.S., and I intend to return.				
1	Special To be held of		A U.S. Citizen residing outside the U.S., and I do not intend to return.				
	(Specify)	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 not	tify the County	y Clerk in wr	iting.		
•	Last Name (Type or Print)	irst Name (Type or	Print)	Middle Name	or Initial	Suffix (Jr.	, Sr., III)
2							
( -1	Address at which you are registered to	o vote	Mail my ba			- W.T.B	
	Street Address or RD#	Apt. No.	the followi	ng address	Sam	e Address	as Section 3
			Please inc	lude			
3			4. PO Box, R	2D#			
	Municipality (City/Town) State	Zip Code	State/Provi	ince,			4
		4	Zip/Postal 0 & Count	ry			4
N.			(if outside	US)			
5	Date of Birth (MM/DD/YYYY) 6 Day	Time Phone Nu	ımber 7	E-Mail Addr	ess (Optional)		-
		)		<u> </u>			
	Signature Please sign your name	Signature Please sign your name as it appears in the Poll Book Today's Date (MM/DD/YYYY)					
8	X			9		1	
						,	
1. 5.							
	OPTIONAL - ONLY O	OMPLETE	SECTIONS	10 OR 11	IF APPLI	CABLE	
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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.
- 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 144 hours (6 days) after the time of the closing of the polls for the election.
- 5. Do not submit more than one application for the same election.
- 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.

