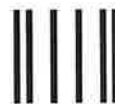


Name _____
Street Address _____
Municipality (City/Town) _____ State _____ Zip Code _____



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 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.
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.



SCOTT M COLABELLA
OFFICE OF THE OCEAN COUNTY CLERK
COURT HOUSE RM 107
PO BOX 2191
TOMS RIVER NJ 08754-2191

APPLICATION FOR VOTE BY MAIL BALLOT

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

1	I hereby apply for a Mail-In Ballot for: (CHECK ONLY ONE) <input type="checkbox"/> ALL FUTURE ELECTIONS, until I request otherwise in writing. Or for ONLY ONE of the following: <input type="checkbox"/> General (November) <input type="checkbox"/> Primary (June) <input type="checkbox"/> Municipal <input type="checkbox"/> School <input type="checkbox"/> Fire <input type="checkbox"/> Special _____ To be held on ____/____/____ (Specify) (MM/DD/YYYY)			MILITARY/OVERSEAS VOTER ONLY I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am (CHECK ONLY ONE) <input type="checkbox"/> A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent. <input type="checkbox"/> A U.S. Citizen residing outside the U.S., and I intend to return. <input type="checkbox"/> A U.S. Citizen residing outside the U.S., and I do not intend to return. <input type="checkbox"/> 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 (Type or Print)		Middle Name or Initial	Suffix (Jr., Sr., III)		
3	Address at which you are registered to vote Street Address or RD# _____ Apt. No. _____ Municipality (City/Town) _____ State _____ Zip Code _____			4 Mail my ballot to the following address <input type="checkbox"/> Same Address as Section 3 Please include _____ any _____ PO Box, RD#, _____ State/Province, _____ Zip/Postal Code _____ & Country _____ (if outside US) _____				
	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 concerning the acceptance or rejection of your ballot and how you may cure a defect.								
8	Signature: I affirm that I am the person who is applying for this ballot and I live at the address designated in box 3 of this form. X _____					9	Today's Date (MM/DD/YYYY) ____/____/____	

OPTIONAL - ONLY COMPLETE SECTIONS 10 OR 11 IF APPLICABLE

10	Assistor: Any person providing assistance to the voter in completing this application must complete this section. Name of Assistor: (Type or Print) _____ Signature of Assistor _____ Date (MM/DD/YYYY) ____/____/____ X					
	Address _____		Apt. No. _____	Municipality (City/Town) _____	State _____	Zip Code _____
11	Authorized Messenger: 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 per election, except that an authorized messenger or bearer may serve as such for up to five qualified voters in an election if those voters are immediate family members residing in the same household as the messenger or bearer.					
	I designate _____ to be my Authorized Messenger. Print Name of Authorized Messenger					
	Address of Messenger _____		Apt. No. _____	Municipality (City/Town) _____	State _____	Zip Code _____
						Date of Birth (MM/DD/YYYY) ____/____/____
Signature of Voter X _____ Date (MM/DD/YYYY) ____/____/____						
STOP Authorized Messenger must sign application and show photo ID in the presence of the County Clerk or County Clerk designee. "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) ____/____/____ X						
OFFICE USE ONLY Voter Reg #: _____ Muni. Code #: _____ Party: _____ Ward: _____ District: _____						
Dear Voter: Fold Application and PEEL OFF STRIP BELOW AND MAIL						