APPLICATION FOR VOTE BY MAIL BALLOT

	Please type or print clearly in ink. All information required unless marked optional.									
	I hereby apply for a M	ail-In I	Ballot fo	r the	CHECK ON	LY ONE)	* By applying for the April	1 THE PARTY NAMED IN	tyou are	
1	☐ General (November) ☐ Primary		/unicipal	☐ Sch		☐ Fire	Annual School Election, you will receive a Mail-in		The state of the s	Military Voter
	□ Special	To be	held on				Ballot for all Special School Elections until the next	≟ E Ove	rseas Vo	oter -
	Specify		1		Date		Annual School Election.		ie of the	## 1 ## 2 ## 1 # 1 # 1 # 1 # 1 # 1 # 1 #
2	Last Name (Type or Pmt)	•	First Name	(Type or Post)		Middle Name or Initi	al S	uffix (Jr.,	Sr., III)
	Address at which you are registered to vote Mail my ballot to									
	Street Address or RD#	pt	the follow			ng address:	Same Ad	dress as	Section 3	
		'	•		Ple	ase include				
3				4	PO	any Box, RD#,			SHIPS NEXOSYN	
	Municipality (City/Town)	State	Zip	-	CONTRACT OF THE PARTY OF THE PA	e/Province,				
			•		STOCK ST	Postal Code Country				
					(if c	utside US)	-			
	Date of Birth	Day T	ime Phone	Numbe	r Mar	E-M	Mail Address (Optional)			
5	Date of Birth Continue of Birth Continue									
6	SignaturePlease sig	n your na	ame as it ap	pears in	n the Po	II Book.		Today's	Date	
8	X						9		,	i
									1	
	OPTIONAL - ONLY	COME	I ETE S	ECTIC	ING 1	n THE	NICH 42 IE ADD	LICAD		
	OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 12 IF APPLICABLE Voter Options to Automatically Receive Ballots in Future Elections									
40	You may choose either option, both options, or none of the options. YOU ARE NOT REQUIRED TO CHOOSE AN OPTION. If you do not choose any option, you will only be sent the ballot for the election you chose in Section 1. * A									TION.
10										ARYEAR
	*B I wish to receive a Mail-In Ballot in ALL FUTURE NOVEMBER GENERAL ELECTIONS, until I request otherwise. * Please Note: Your ballot can only be sent to the mailing address supplied on this application; if your address changes, you must notify the County Clerk in writing.									
	Assistor									
	Any person providing assistance to the voter in completing this application must complete this section.									
11	Name of Assistor (Type or Print)			-			adi bompicio ii ii.		ate	
	Name of Assistor (Type of Print) Signature of Assistor								l l	7
	Address				Apt	Municipali	ty (City/Town)	State	Zip	1
							8			
	Authorized Messenger									T.
	Any voter may apply for a Mail-In	Ballot by	Authorized	Messen	ger. Mes	ssenger st	nall be a family membe	er or a regi	istered vo	oter of this
	County. No Authorized Messenge	er can (1)	be a Cand	idate in	the elec	ction for w	hich the voter is requ	esting a N	∕lail-In Ba	allot or (2)
	serve as messenger for more than TEN qualified voters per election. I designate									
	I designateto be my Authorized Messenger. Print Name of Authorized Messenger									
	Address of Messenger		Apt.	Munici	cality (City	/Town)	State Zip		Date of	Birth
	5								1	1
12										
	Signature of Voter X Date / /									
	Authorized Messenger must sign application and show photo OFFICE USE ONLY									
	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."						Muni Code # Party			
	Signature of Messenger		0.7	Date			Ward Di			
	Х	1		/		_				
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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

INFORMATION

- . You must be a registered voter in order to apply for a Mail-In
- 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
- You will receive instructions with your ballot.
- . Do not submit more than one application for the same election Your Mail-In Ballot must be received by the County Board of Election before close of polls on Election Day.
- 6. You must apply for a Mail-In Ballot for each election, unless you designate otherwise under "Voter Options."

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

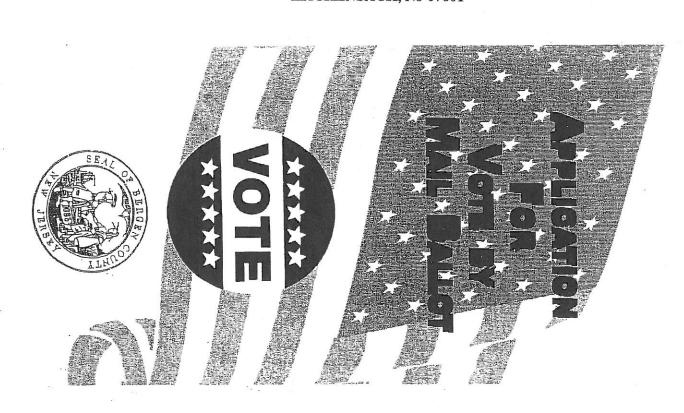
a ballot for each election that takes place during the remainder of the calendar year. application for a Mail-In Ballot that they would prefer to receive Note also that voters have an option of indicating on an

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

PLACE Postage HERE BEFORE MAILING

APPLICATION FOR VOTE BY MAIL BALLOT

HON. JOHN S. HOGAN BERGEN COUNTY CLERK ONE BERGEN COUNTY PLAZA ROOM 130 HACKENSACK, NJ 07601



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

Street Address

City, State, Zip Code

Name

Please Seal with Tape and Return

BERGEN COUNTY CLERK JOHN S. HOGAN