

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.
3. You will receive instructions with your ballot.
4. Your Mail-In Ballot must be received by the County Board of Election before close of polls on Election Day.
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 "Voter Options."

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.

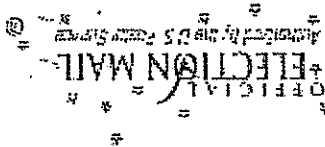
Note also that voters have an option of indicating on an application for a Mail-In Ballot that they would prefer to receive a ballot for each election that takes place during the remainder of the calendar year.

Voters also now have an option of automatically receiving a Mail-In Ballot for each General Election. 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.

PLACE
POSTAGE
HERE
BEFORE
MAILING



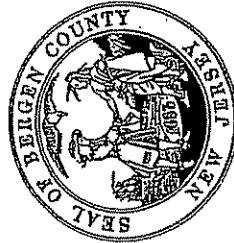
Name _____
Street Address _____
City, State, Zip Code _____

APPLICATION FOR MAIL-IN BALLOT

ELIZABETH RANDALL
BERGEN COUNTY CLERK
ROOM 130
ONE BERGEN COUNTY PLAZA
HACKENSACK, NJ 07601-7076

VOTE BY MAIL

APPLICATION FOR MAIL-IN BALLOT



ELIZABETH RANDALL
OFFICE OF COUNTY CLERK
COUNTY OF BERGEN

Please Seal with Tape and Return

VOTE BY MAIL

APPLICATION FOR MAIL-IN BALLOT

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

SPECIAL STATUS

1

I hereby apply for a Mail-In Ballot for the: (CHECK ONLY ONE)
 General (November) Primary Municipal School*
 Special _____ To be held on ____/____/____
Specify Date

* By applying for the April Annual School Election, you will receive a Mail-In Ballot for all Special School Elections until the next Annual School Election.

Check if you are:

- Active Duty Military Voter
 Overseas Voter
 None of the Above

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. _____
 Municipality (City/Town) _____ State _____ Zip _____

4

Mail my ballot to the following address: Same Address as Section 3
 Please include any _____
 PO Box, RD#, _____
 State/Province, _____
 Zip/Postal Code _____
 & Country _____
 (if outside US)

5

Date of Birth ____/____/____

6

Day Time Phone Number (____) _____

7

E-Mail Address (Optional) _____

8

Signature **X** _____ Please sign your name as it appears in the Poll Book.

9

Today's Date ____/____/____

OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 12 IF APPLICABLE

10

Voter Options to Automatically Receive Ballots in Future Elections

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 I wish to receive a Mail-In Ballot for all elections to be held during the REMAINDER OF THIS CALENDAR YEAR.
 * 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.

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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 **X** _____ Date ____/____/____
 Address _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____

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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 this 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 TEN qualified voters per election.

I designate _____ to be my Authorized Messenger.
Print Name of Authorized Messenger

Address of Messenger _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____ Date of Birth ____/____/____

Signature of Voter **X** _____ Date ____/____/____



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 **X** _____ Date ____/____/____

OFFICE USE ONLY

Voter Reg # _____
 Muni Code # _____ Party _____
 Ward _____ District _____