

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



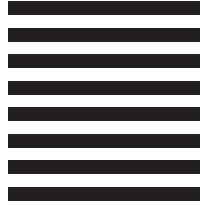
**NO POSTAGE
 NECESSARY
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BUSINESS REPLY MAIL
 FIRST-CLASS MAIL PERMIT NO. 626 TOMS RIVER, N.J.

POSTAGE WILL BE PAID BY ADDRESSEE

APPLICATION FOR VOTE BY MAIL BALLOT

**To: SCOTT M COLABELLA ACTING 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. Your Mail-In Ballot must be received by the County Board of Elections 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 in Section 10 - "Voter Options" on the application.

**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 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 have the 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 all future November General 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.

SPECIAL STATUS

Check if you are:

- Active Duty Military Voter
- Overseas Voter
- None of the above

1

I hereby apply for a Mail-In Ballot for the (CHECK ONLY ONE):

- General (November)
 Primary
 Municipal
 School*
 Fire
 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.

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:

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

Please sign your name as it appears in the Poll Book:

X

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: _____

Date: ____/____/____

X

Address: _____ Apt. No.: _____ Municipality (City/Town): _____ State: _____ Zip Code: _____

12

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 TEN qualified voters in an election.

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: ____/____/____

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 _____ Date: ____/____/____

X

OFFICE USE ONLY

Voter Reg #: _____

Muni. Code #: _____ Party: _____

Ward: _____ District: _____

Dear Voter: Fold Application and PEEL OFF STRIP BELOW AND MAIL