#### **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: (CHECK ONLY ONE)		MILITARY/OVERSEAS VOTER ONLY I request Vote-By-Mail Ballots for all elections in which I am						
	ALL FUTURE ELECTIONS, until I request otherwise in writing.		eligible to vote and I am (CHECK ONLY ONE)						
	Or for ONLY ONE of the following:  General (November)		A Member of the Uniformed Services or Merchant Marine on						
1	Primary (June) I Municipal School R Fire			active duty, or an eligible spouse or dependent. A U.S. Citizen residing outside the U.S. and I intend to return.					
	$\Box \text{ Special} \qquad \text{To be held on } \frac{02}{15} / \frac{20}{20}$		AUS Citizen residing outside the US and I do not intend to return						
	(Specify) (MM / DD / Y)	YYY)			<u> </u>				
	PLEASE NOTE: Your ballot can only be sent to the If your mailing address changes, you must notify t		-			plication			
2	Last Name (Type or Print) First Name	me <sup>(Type or</sup>	r Print)		Middle Na	ime or Initi	ial	Suffix (Jr., Sr., III)	
	Address at which you are registered to vote:			Mail my ba	llot to the	following	g addr	ress:	
	Street Address or RD# Apt.			Same Add	lress as Sec	tion 3			
3			Λ	Please include					
3	Municipality (City/Town) State Zip		4	any PO Box, RD State/Province, Zin/Postal Code	3				
				Zip/Postal Code & Country (if outside US)					
	Date of Birth (MM / DD / YYYY) 6 Day Time Phone ()	Numbe	er	<b>7</b> E-Ma	ail Address (	Optional)			
5				U Deel			Today'	s Date (MM / DD / YYYY)	
	Signature Please sign your name as it app	ears in	the Po	DII BOOK.			louuy	o Dato (	
5 8	Signature Please sign your name as it app	ears in	the Po	JII BOOK.		9	loudy	I I	
	X					9			
	OPTIONAL - ONLY COMPLE	ETE S	ECT	IONS 10 (		9 APPLIC	CABL	/ / .E	
	OPTIONAL - ONLY COMPLE Assistor: Any person providing assistance to	TE S	ECT	IONS 10 ( completing		9 APPLIC	CABL	I I E Diete this section.	
	OPTIONAL - ONLY COMPLE	TE S	ECT	IONS 10 (		9 APPLIC	CABL	/ / .E	
8	OPTIONAL - ONLY COMPLE Assistor: Any person providing assistance to	TE S	ECT	IONS 10 ( completing	this applica	9 APPLIC ation mus	CABL	I I E Diete this section.	
8	OPTIONAL - ONLY COMPLE Assistor: Any person providing assistance to Name of Assistor (Type or Print) Address	TE S	ECT oter in ture of	IONS 10 ( completing Assistor	this applica	9 APPLIC ation mus	CABL	Image: line system    Dete this section.    Date (MM / DD / YYYY)    Image: line system	
8	OPTIONAL - ONLY COMPLE Assistor: Any person providing assistance to Name of Assistor (Type or Print) Address Authorized Messenger:	TE S the vc Signa X	ECT oter in ture of Apt.	IONS 10 ( completing Assistor Municipalit	<i>this applice</i> ty ( <sup>City/Town</sup> )	9 APPLIC ation mus	CABL t comp State	I     I       .E     I       blete this section.       Date (MM / DD / YYYY)       /       /       /       Zip	
8	OPTIONAL - ONLY COMPLE Assistor: Any person providing assistance to Name of Assistor (Type or Print) Address	TE S the vc Signa X Messer late in th	ECT oter in ture of Apt. nger. M he elec	IONS 10 ( completing Assistor Municipalit	this applica ty <sup>(City/Town)</sup> all be a fami	9 APPLIC ation mus	CABL et comp State	I     I       .E     I       Date this section.       Date (MM / DD / YYYY)       I       Zip   egistered voter of this	
8	OPTIONAL - ONLY COMPLE         Assistor: Any person providing assistance to         Name of Assistor (Type or Print)         Address         Authorized Messenger:         Any voter may apply for a Mail-In Ballot by Authorized         County. No Authorized Messenger can (1) be a Candid         as messenger for more than THREE qualified voters processing	TES the vo Signa X Messer late in th per elec	ECT oter in ture of Apt. nger. M he elec	IONS 10 ( completing Assistor Municipalit Messenger sha tion for which	this applica ty <sup>(City/Town)</sup> all be a famin the voter is	9 APPLIC ation mus	CABL t comp State State	I     I       .E     I       Date this section.       Date (MM / DD / YYYY)       I       Zip   egistered voter of this	
8	OPTIONAL - ONLY COMPLE Assistor: Any person providing assistance to Name of Assistor (Type or Print) Address Address Authorized Messenger: Any voter may apply for a Mail-In Ballot by Authorized County. No Authorized Messenger can (1) be a Candid as messenger for more than THREE qualified voters p I designate	TE S the vo Signa X Messer late in th ber elec	ECT oter in ture of Apt. Mager. Manual Apt.	IONS 10 ( completing Assistor Municipalit Messenger sha tion for which	this applica ty <sup>(City/Town)</sup> all be a famin the voter is	9 APPLIC ation mus	CABL t comp State r or a re g a Mail ized M	Image:	
8	OPTIONAL - ONLY COMPLE Assistor: Any person providing assistance to Name of Assistor (Type or Print) Address Address Authorized Messenger: Any voter may apply for a Mail-In Ballot by Authorized County. No Authorized Messenger can (1) be a Candid as messenger for more than THREE qualified voters p I designate	TE S the vo Signa X Messer late in th ber elec	ECT oter in ture of Apt. Mager. Manual Apt.	IONS 10 ( completing Assistor Municipalit Messenger sha tion for which	this applica ty <sup>(City/Town)</sup> all be a famin the voter is _ <b>to be my</b>	9 APPLIC ation mus	CABL t comp State r or a re g a Mail ized M	I       I         J       J         Delete this section.       D         Date (MM / DD / YYYY)       I         I       I         Zip       I         Egistered voter of this         In Ballot or (2) serve         Messenger.	
8	OPTIONAL - ONLY COMPLE Assistor: Any person providing assistance to Name of Assistor (Type or Print) Address Address Authorized Messenger: Any voter may apply for a Mail-In Ballot by Authorized County. No Authorized Messenger can (1) be a Candid as messenger for more than THREE qualified voters p I designate	TE S the vo Signa X Messer late in th ber elec	ECT oter in ture of Apt. Mager. Manual Apt.	IONS 10 ( completing Assistor Municipalit Messenger sha tion for which	this applica ty <sup>(City/Town)</sup> all be a famin the voter is _ <b>to be my</b>	9 APPLIC ation mus	CABL t comp State r or a re g a Mail ized N	I       I         Jete this section.         Date (MM / DD / YYYY)         /         Zip         egistered voter of this         -In Ballot or (2) serve         Messenger.         ate of Birth (MM / DD / YYYY)	
8	OPTIONAL - ONLY COMPLE Assistor: Any person providing assistance to Name of Assistor (Type or Print) Address Address Authorized Messenger: Any voter may apply for a Mail-In Ballot by Authorized County. No Authorized Messenger can (1) be a Candid as messenger for more than THREE qualified voters p I designate Address of Messenger Address of Messenger Apt.	TE S the vo Signa X Messer date in the dessenger Munic	ECT oter in ture of Apt. Apt. he elec- stion.	IONS 10 ( completing Assistor Municipalit Iessenger shi tion for which (City/Town)	this applica ty (City/Town) all be a famin the voter is _ <b>to be my</b> _ State	9 APPLIC ation mus	CABL t comp State r or a re g a Mail ized N Da Da Da	I       I         J.E       Delete this section.         Date (MM / DD / YYYY)       I         I       I         Zip       Zip         egistered voter of this       In Ballot or (2) serve         Messenger.       I         ate of Birth (MM / DD / YYYY)       I         Date (MM / DD / YYYY)       I         ONLY       I	
8	OPTIONAL - ONLY COMPLE Assistor: Any person providing assistance to Name of Assistor (Type or Print) Address Authorized Messenger: Any voter may apply for a Mail-In Ballot by Authorized County. No Authorized Messenger can (1) be a Candid as messenger for more than THREE qualified voters p I designate Address of Messenger Print Name of Authorized Messenger Address of Messenger Address of Messenger Authorized Messenger must sign application in the presence of the County Clerk or Count "I do hereby certify that I will deliver the Mail-In	TE S the vo Signal X Messer date in the face elect Munic	ECT oter in ture of Apt. Apt. inger. M he elec stion. cipality complexity t direc	IONS 10 ( completing Assistor Municipalit Messenger shi tion for which (City/Town) (City/Town)	this applica ty (City/Town) all be a family the voter is <b>to be my</b> State	9 APPLIC Ation mus Iv member requesting Author Zip I I	CABL t comp State r or a reg a Mail ized N Da	I       I         Jete this section.         Date (MM / DD / YYYY)         I         Zip         Egistered voter of this         In Ballot or (2) serve         Messenger.         Ate of Birth (MM / DD / YYYY)         I         Date (MM / DD / YYYY)         ONLY	
8	OPTIONAL - ONLY COMPLE  Assistor: Any person providing assistance to Name of Assistor (Type or Print)  Address  Authorized Messenger: Any voter may apply for a Mail-In Ballot by Authorized County. No Authorized Messenger can (1) be a Candid as messenger for more than THREE qualified voters p I designate Address of Messenger Print Name of Authorized Messenger Address of Messenger Address of Messenger Authorized Messenger must sign application in the presence of the County Clerk or Count	TE S the vo Signa X Messer late in th ber elec Munic	ECT oter in ture of Apt. Apt. Cipality Cipality	IONS 10 ( completing Assistor Municipalit Messenger shi tion for which (City/Town) (City/Town)	this applica ty (City/Town) all be a family the voter is <b>to be my</b> State	9 APPLIC Ation mus Iv member requesting Author Zip I I	CABL t comp State r or a reg a Mail ized N Da	I       I         J.E       Delete this section.         Date (MM / DD / YYYY)       I         I       I         Zip       Zip         egistered voter of this       In Ballot or (2) serve         Messenger.       I         ate of Birth (MM / DD / YYYY)       I         Date (MM / DD / YYYY)       I         ONLY       I	

## 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.
- 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.
   If returning your Mail-In Ballot in person it must be received
- by the County Board of Elections before 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 48 hours after the time of the closing of the polls for the election.
- 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.

## **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.

> Place Postage Here Before Mailing



Street Address

Name

City, State, Zip Code

#### APPLICATION FOR VOTE BY MAIL BALLOT

Ann F. Grossi Morris County Clerk P.O. Box 315 Morristown, NJ 07963-0315

