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

- 1. You must be a registered voter in order to apply for a Mail-In **VOTING INFORMATION**
- You will receive instructions with your 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.
- 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

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

of the calendar year. a ballot for each election that takes place during the remainder 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

WARNING

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

Name

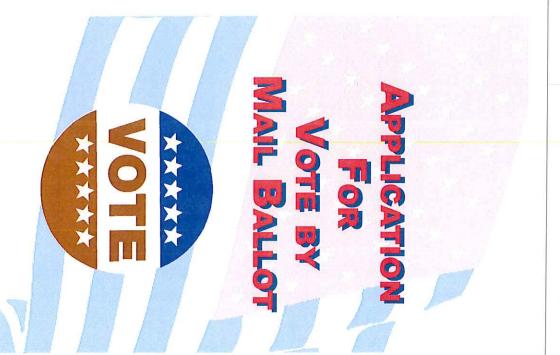
Street Address

City, State, Zip Code

PLACE POSTAGE HERE BEFORE MAILING

APPLICATION FOR VOTE BY MAIL BALLOT

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



Please Seal with Tape and Return

APPLICATION FOR VOTE BY MAIL BALLOT

	Please type or print clearly in ink. All information required unless marked optional.					MILITARY/OVERSEAS VOTER ONLY I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am (MARK ONLY ONE) A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent. A U.S. Citizen residing outside the U.S. and I intend to return. A U.S. Citizen residing outside the U.S. and I do not intend to return.					
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)		75	ő.		d AU.S. C				n.	
2	Last Name (Type or Print)		First Nam	Ie (Type or Print)			Middle Name o	r Initial	Suffix (Jr., Sr., III)		
							llot to		2.5.0	T	
	Street Address or RD# Apt.					ne following address: Same Address as Section				3	
3				4		any Box, RD#, e/Province,					
	Municipality (City/Town)	State	Zip			Postal Code	-			_	
					may to Table	Country utside US)				_	
	Date of Birth	Day Time	e Phone N	umber		F-Mail	Address (Optional)		=	
5	6	()	or none iv	amber	1	7 L-Iviali Address (Francis)					
	Signature Please sign y	our name	as it appe	ars in the Po	oll Bo	ok.		Today'	s Date		
8	9 , ,										
									1	_	
	OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 12 IF APPLICABLE										
	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.										
10	If you do not choose any option, you will only be sent the ballot for the election you chose in Section 1.										
10 *A I wish to receive a Mail-In Ballot for all elections to be held during the REMAINDER OF THIS											
	*B										
	(1) (1) (2) (2) (2) (2) (2) (2) (3) (2) (3) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	e mannig aud	iress supplied	он инз арриса	uon, n	your address	changes, you must	tothy the county	Clerk III Writing.	_	
	Assistor	4 . 4	contan la c		4h:a	annlianti.		lata thia aca	Al- u		
	Any person providing assistance to the voter in completing to										
11	Name of Assistor (Type or Print)			Signature X	of As	ssistor			Date		
	Address			Apt		Municipali	ty (City/Town)	State	Zip / /		
	riddiodd							0.0.0			
R TH	Authorized Messenge	er							_		
	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 THREE qualified voters per election.										
	I designate to be my Authorized Messer								ed Messenger.		
	Print Name of Authorized Messenger								7		
	Address of Messenger		Apt.	Municipali	ty (City	y/Town)	State	Zip	Date of Birth	4	
12							:		1 1	_	
14	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						Voter Reg #				
	the voter and no other			der penalty of law."							
	Signature of Messenger			Date	7	V	Ward District				
	X			1	1	_					