

APPLICATION FOR VOTE BY MAIL BALLOT

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

<p>1 I hereby apply for a Mail-In Ballot for: (CHECK ONLY ONE)</p> <p><input type="checkbox"/> ALL FUTURE ELECTIONS, until I request otherwise in writing.</p> <p>Or for ONLY ONE of the following: <input type="checkbox"/> General (November)</p> <p><input type="checkbox"/> Primary (June) <input type="checkbox"/> Municipal <input type="checkbox"/> School <input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Special _____ To be held on ____/____/____ (Specify) (MM / DD / YYYY)</p>	<p>MILITARY/OVERSEAS VOTER ONLY</p> <p>I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am (CHECK ONLY ONE)</p> <p><input type="checkbox"/> A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent.</p> <p><input type="checkbox"/> A U.S. Citizen residing outside the U.S. and I intend to return.</p> <p><input type="checkbox"/> A U.S. Citizen residing outside the U.S. and I do not intend to return.</p> <p><input type="checkbox"/> A U.S. Citizen residing outside the U.S. and I have never lived in the U.S.</p>
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PLEASE NOTE: Your ballot can only be sent to the mailing address supplied on this application. If your mailing address changes, you must notify the County Clerk in writing.

2 Last Name (Type or Print)	First Name (Type or Print)	Middle Name or Initial	Suffix (Jr., Sr., III)
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<p>3 Address at which you are registered to vote:</p> <p>Street Address or RD# _____ Apt. _____</p> <p>Municipality (City/Town) _____ State _____ Zip _____</p>	<p>4 Mail my ballot to the following address:</p> <p><input type="checkbox"/> Same Address as Section 3</p> <p>Please include _____ any PO Box, RD#, _____ State/Province, _____ Zip/Postal Code _____ & Country _____ (if outside US)</p>
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5 Date of Birth (MM / DD / YYYY) ____/____/____	6 Day Time Phone Number () _____	7 E-Mail Address _____
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PLEASE NOTE: This contact information will be used to contact you concerning the acceptance or rejection of your ballot and how you may cure a defect.

8 Signature: I affirm that I am the person who is applying for this ballot and I live at the address designated in box 3 of this form. X _____	9 Today's Date (MM / DD / YYYY) ____/____/____
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OPTIONAL - ONLY COMPLETE SECTIONS 10 OR 11 IF APPLICABLE

10	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 (MM / DD / YYYY) ____/____/____		
Address		Apt.	Municipality (City/Town)	State	Zip

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 THREE qualified voters per election, except that an authorized messenger or bearer may serve as such for up to five qualified voters in an election if those voters are immediate family members residing in the same household as the messenger or bearer.

11	I designate _____ to be my Authorized Messenger. <small>Print Name of Authorized Messenger</small>				
Address of Messenger		Apt.	Municipality (City/Town)	State	Zip
Signature of Voter		Date (MM / DD / YYYY) ____/____/____			

STOP 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 (MM / DD / YYYY) _____

X _____

OFFICE USE ONLY

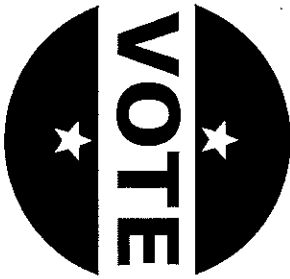
Voter Reg # _____

Muni Code # _____ Party _____

Ward _____ District _____



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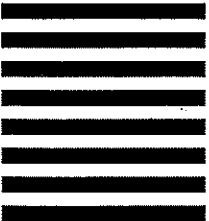
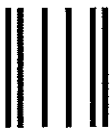
E. Junior Maldonado
Clerk of Hudson County

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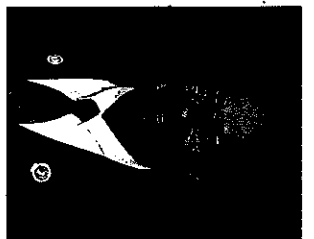
OFFICE OF THE HUDSON COUNTY CLERK
257 CORNELISON AVE 4TH FL
JERSEY CITY, NJ 07302-9920

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 555 JERSEY CITY, NJ
POSTAGE WILL BE PAID BY ADDRESSEE



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Dear Registered Voter:



Attached is a Vote By Mail Application for your use. If you would like to have a ballot mailed to you, please complete and return this application as soon as possible.

After we receive your request, a ballot will be mailed to you as soon as it is available. If you have any questions or concerns, please contact the Office of the County Clerk, Division of Elections, at (201) 369-3470, select option 6. You can also access information at the County Clerk website at www.hudsoncountyclerk.org.

We look forward to serving you.

Sincerely,

E. Junior Maldonado
Clerk of Hudson County

