

NOTICE

TO PERSONS WANTING MAIL IN BALLOTS

If you are a qualified and registered voter of the State who wants to vote by mail in the Toms River Township Fire Commissioners District No. 1 Election to be held on Saturday February 15, 2020 complete the application form and send to the undersigned, or write or apply in person to the undersigned at once requesting that a mail-in ballot be forwarded to you. The request must state your home address and the address to which the ballot should be sent. The request must be dated and signed with your signature. If any person has assisted you to complete the mail-in ballot application, the name, address and signature of the assistor must be provided on the application, and you must sign and date the application for it to be valid and processed. No person shall serve as an authorized messenger for more than 10 qualified voters in an election. No person who is a candidate in the election for which the voter requests a mail-in ballot may provide assistance in the completion of the ballot or may serve as an authorized messenger or bearer.

No mail in ballot will be provided to any applicant who submits a request therefore by mail unless the request is received at least seven days before the election and contains the requested information. A voter may, however, request an application in person from the county clerk up to 3 p.m. of the day before the election.

Voters who want to vote only by mail in all future general elections in which they are eligible to vote and who state that on their application shall after their initial request and without further action on their part be provided a mail-in ballot by the county clerk until the voter requests that the voter no longer be sent such a ballot. A voter's failure to vote in the fourth general election following the general election at which the voter last voted may result in the suspension of that voter's ability to receive a mail-in ballot for all future general elections unless a new application is completed and filed with the county clerk.

Voters also have the option of indicating on their mail-in ballot applications that they would prefer to receive mail-in ballots for each election that takes place during the remainder of this calendar year. Voters who exercise this option will be furnished with mail-in ballots for each election that takes place during the remainder of this calendar year, without further action on their part.

Dated: December 9, 2019

SCOTT M. COLABELLA

County Clerk-County of Ocean

P.O. Box 2191, Room 107, Court House

Toms River, New Jersey, 08754-2191

732-929-2153 www.oceancountyclerk.com

E-mail: SColabella@co.ocean.nj.us

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) <input type="checkbox"/> ALL FUTURE ELECTIONS until I request otherwise in writing. Or by ONLY ONE of the following: <input type="checkbox"/> General (November)		MILITARY/OVERSEAS VOTER ONLY (request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am) (CHECK ONLY ONE) <input type="checkbox"/> A Member of the Uniformed Services of Merchant Marine on active duty, or an eligible spouse or dependent. <input type="checkbox"/> A U.S. Citizen residing outside the U.S., and I intend to return. <input type="checkbox"/> A U.S. Citizen residing outside the U.S., and I do not intend to return. <input type="checkbox"/> A U.S. Citizen residing outside the U.S., and I have never lived in the U.S.	
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.			
1. Last Name (Please Print) _____ 2. First Name (Please Print) _____ 3. Middle Name or Initial _____ 4. Suffix (Jr., Sr., III) _____			
3. Address at which you are registered to vote Street Address or R.D.# _____ Apt. No. _____ Municipality (City/Town) _____ State _____ Zip Code _____		4. Mail my ballot to the following address <input type="checkbox"/> Same Address as Section 3 Please include any: P.O. Box, R.D.# _____ State/Province _____ Zip/Postal Code _____ & Country _____ (if outside US)	
5. Date of Birth (mm/dd/yyyy) _____ 6. Day Time Phone Number _____ 7. E-Mail Address (optional) _____			
8. Signature _____ Please sign your name as it appears in the Poll Book 9. Today's Date (mm/dd/yyyy) _____			

OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 11 IF APPLICABLE

Assistor Any person providing assistance to the voter in completing this application must complete this section.					
10. Name of Assistor (Please Print) _____		Signature of Assistor _____		Date (mm/dd/yyyy) _____	
Address _____		Apt. No. _____		Municipality (City/Town) _____	
State _____		Zip Code _____			
Authorized Messenger Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger must 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 THREE (3) qualified voters in an election.					
I designate _____ to be my Authorized Messenger.					
Address of Messenger _____		Apt. No. _____		Municipality (City/Town) _____	
State _____		Zip Code _____		Date of Birth (mm/dd/yyyy) _____	
11. Signature of Voter _____		Date (mm/dd/yyyy) _____			
STDP: 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) _____					
OFFICE USE ONLY Voter Reg. # _____ Muni. Code # _____ Party _____ Ward _____ District _____ Dear Voter: Fold Application and PEEL OFF STRIP BELOW AND MAIL					

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