

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 Fire Commissioners District No. 1 and Toms River Fire Commissioners District No.2 Election to be held on Saturday, February 17, 2024 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 7, 2023

SCOTT M. COLABELLA

County Clerk-County of Ocean

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

Toms River, New Jersey, 08754-2191

APPLICATION FOR VOTE BY MAIL BALLOT

<i>Please type or print clearly in ink. All information required unless marked optional.</i>				MILITARY/OVERSEAS VOTER ONLY			
1 I hereby apply for a Mail-In Ballot for the (CHECK ONLY ONE): <input type="checkbox"/> General (November) <input type="checkbox"/> Primary <input type="checkbox"/> Municipal <input type="checkbox"/> School <input type="checkbox"/> Fire <input type="checkbox"/> Special _____ (DATE) (SPECIFY) _____				I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am (MARK ONLY ONE): <input type="checkbox"/> A Member of the Uniformed Services or 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.			
				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 <input type="checkbox"/> 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						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 <input type="checkbox"/> I wish to receive a Mail-In Ballot for all elections to be held during the REMAINDER OF THIS CALENDAR YEAR. *B <input type="checkbox"/> 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.							
11 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 _____ / _____ / _____ 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 _____ / _____ / _____							
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 _____ / _____ / _____						OFFICE USE ONLY	
						Voter Reg #: _____ Muni. Code #: _____ Party: _____ Ward: _____ District: _____	
Dear Voter: Fold Application and PEEL OFF STRIP BELOW AND MAIL							