

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 15, 2025 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 5, 2024

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

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

1 I hereby apply for a Mail-In Ballot for the (CHECK ONLY ONE):

☐ General (November) ☐ Primary ☐ Municipal ☐ School ☐ Fire (DATE)

☐ Special (SPECIFY) _____

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.

4 Municipality (City/Town) State Zip Code

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 Today's Date

9 / /

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 ☐ I wish to receive a Mail-In Ballot for all elections to be held during the **REMAINDER OF THIS CALENDAR YEAR.**

*B ☐ 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 / /

OFFICE USE ONLY

Voter Reg #: _____

Muni. Code #: _____ Party: _____

Ward: _____ District: _____

Dear Voter: Fold Application and PEEL OFF STRIP BELOW AND MAIL