## APPLICATION FOR VOTE BY MAIL BALLOT FOR THE JULY 7, 2020 PRIMARY ELECTION IN ACCORDANCE WITH EXECUTIVE ORDER #144

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

1	I hereby apply for a Mail-In Ballot for the July 7, 2020 Primary Election:											
	PLEASE NOTE: Your ballot can only be sent to the mailing address supplied on this application.											
2	Last Name (Type or Print)		First Nar	me <sup>(Type or P</sup>	rint)		N	Middle Nam	e or Initi	ial	Suffix (Jr., Sr., III	l)
	Address at which you are reg	istered	to vote:			Mail my	ballo	t to the fo	llowing	g addre	ess:	
	Street Address or RD# Apt.					☐ Same /	Address as Section 3					
3					А	Please inc						
၁	Municipality (City/Town)	State	7in		4	State/Provi	ince,					
	Wurlicipality (Sayrismi)	State	Zip			Zip/Postal & Count	ry					
						(if outside	US) - -					
5	In order to receive a ballot for the July 7, 2020 Primary Election you must declare one of the following Political Party Affiliations.											
G	Date of Birth (MM / DD / YYYY)	Day Ti	me Phone	Number		0	-Mail A	Address (Opt	ional)			
6	1 1	(	)			8						
	Signature: I affirm that I am the person who is applying for this ballot and I live at the  Today's Date (MM/DD/YYYYY)									<b>(</b> )		
9	address designated in box 3 of this form.											
9	Y									•	,	
	OPTIONAL - O	NI Y C	OMPL F	TF SE	-ст	IONS 1	1 OR	12 IF Δ	PPI IC	CARLI	F	
	:											
	Assistor: Any person providing assistance to Name of Assistor (Type or Print)			Signature of Assistor			ng uns	s аррисаці	on mus		Date (MM / DD / YYYY)	
11												
	Address			Apt. Municipa			nality (0	ality (City/Town) Stat			e Zip	
	Address			ľ	γpt.	Ividition	Julity (	,		Otato	Zip	
	<b>Authorized Messenger</b>	:										
	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	Drint Nome	of Authorized N	Massangar			to	be my A	Author	ized M	lessenger.	
	Address of Messenger Apt.			Municipality (City/Town)				State	Zip	Dat	e of Birth (MM/DD/	YYYY)
											1 1	
12	Signature of Voter X // Date (MM/DD/YYYY)											
	Authorized Messenger must sign application and show photo in the presence of the County Clerk or County Clerk designe											
	"I do hereby certify that I will deliver the Mail-In Ballot d the voter and no other person, under penalty of la					tly to						
	Signature of Messenger				Date (MM / DD / YYYY)			Muni Code # Part			У	
	X	1	/ Ward District						_			

Name	 			
Street Address	 	 	 	

City, State, Zip Code



**PLACE POSTAGE** HERE **BEFORE** MAILING

## **APPLICATION FOR VOTE BY MAIL**

**Holly Mackey Warren County Clerk Court House** 413 Second Street

Belvidere, NJ 07823-1500

INSTRUCTIONS

Election by completing and returning a Party Declaration Form to you Ballot. You may return to an Unaffiliated status following the Primary the Democratic or Republican party to receive that Party's Vote by Mai

County Commissioner of Registration.

Fill out application.

Mail or Deliver application to the County Clerk Fold and tape the **TOP** of the application. Print and sign your name where indicated

If returning this form by mail, be sure that the panel with your

County Election Official's address is on the outside Please DO NOT STAPLE this form. Seal with Tape and Return.

Unless you are a Military or Overseas Voter DO NOT FAX OR E-MAIL

A voter may apply for a Mail-In Ballot by mail up to 7 days prior Clerk prior to 8 P.M. the day of the election. to the election. A voter may also apply in person to the County

PLEASE NOTE

## WARNING

person or via an authorized messenger during County Clerk's later than 7 days prior to the election, unless you apply in This application must be received by the County Clerk nor ffice hours, prior to 8 P.M. the day of the election

MAILING

RELOKE

HERE Postage

PLACE

## APPLICATION FOR VOTE BY MAIL BALLOT



Belvidere, NJ 07823-1500 413 Second Street Court House Warren County Clerk

In light of the ongoing novel coronavirus (COVID-19) pandemic **VOTING INFORMATION** 

entitled to vote in the July 7, 2020 Primary Election

must complete this form to declare a party affiliation in order to obtain

vote-by-mail ballot for the July 7, 2020 Primary Election.

Unaffiliated voters currently registered to receive vote-by-mail ballots

Because New Jersey is a closed Primary Election state, in order to

receive a ballot, an Unaffiliated voter must choose to be affiliated with

a registered Unaffiliated voter or a voter with an Inactive status that is

Primary Election. You are receiving this application because you are

Vote-by-Mail Ballot application for the upcoming July 7, 2020

voters and Inactive Democratic and Republican registered voters

which requires the County Clerk to send all Unaffiliated registered Governor Murphy signed Executive Order No. 144 on May 15, 2020