

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
 Special _____ To be held on _____ / _____ / _____
Specify Date

* By applying for the April Annual School Election, you will receive a Mail-In Ballot for all Special School Elections until the next Annual School Election.

2

Last Name (Type or Print) Robbins First Name (Type or Print) Cheryl Middle Name or Initial A Suffix (Jr., Sr., III)

3

Address at which you are registered to vote
 Street Address or RD# 1016 Brown St Apt. _____
 Municipality (City/Town) Port Norris State NJ Zip 08349

Mail my ballot to the following address: Same Address as Section 3

Please include any
 PO Box, RD#, State/Province, Zip/Postal Code & Country (If outside US)

FILED

JUN 24 2013

5

Date of Birth _____ Day Time Phone Number _____

6

7

8

Signature [Redacted] Please sign your name as it appears in the Poll Book. Day's Date

9

6 2013

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 X Date / /
 Address _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____

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 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 TEN qualified voters per election.
 I designate _____ to be my Authorized Messenger.
Print Name of Authorized Messenger
 Address of Messenger _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____ Date of Birth / /
 Signature of Voter X _____ Date / /



Authorized Messenger must sign application and ID in the presence of the County Clerk or County Clerk

"I do hereby certify that I will deliver the Mail-In Ballot to the voter and no other person, under penalty of law"

Signature of Messenger X _____ Date _____



COMMERCIAL-W 00-D 01
 ROBBINS CHERYL A
 108010447 REPUBLICAN* ACCEPTED