

## REQUEST TO OPT-OUT OF VOTE-BY-MAIL

Salem County Clerk's Office 110 Fifth St., Ste. 200, Salem, NJ 08079

I no longer wish to receive mail-in ballots for All Future Elections.  I hereby request the County Clerk remove my name from the ALL FUTURE ELECTIONS Vote-By-Mail list. This will permit me to vote on the voting machines at my polling place or to request mail-in ballots for single elections of my choosing.				
Last Name (Type or Print) First Name (Type or Print)		Middle Name or Initial		Suffix (Jr., Sr.)
Address at which you are registered to vote: Street Address or RD#	·		Apt	
Production and the Constitution of the Constit		-	Zip	
Date of Birth (MM / DD / YYYY)  Day Time Phone Number    6   E-Mail Address (Optional)				
Signature Please sign your name as it appears in the Poll Book.  Today's Date (MM / DD / YYYY) / /				
OPTIONAL - COMPLETE ONLY IF APPLICABLE  ASSISTOR INFORMATION: Any person providing assistance to the voter in completing this form must complete this section.  Name of Assistor (Type or Print)  Date of Birth (MM / DD / YYYY)  / /  Address		MAIL OR DELIVER TO:  Salem County Clerk 110 Fifth St, Ste. 200 Salem, NJ 08079 Questions? Call 856-935-7510 x8454		
Municipality (City/Town)    State   Zip Code	Mui	er Reg # nic / Dist		
	I hereby request the County Clerk remove my name from Vote-By-Mail list. This will permit me to vote on the voting request mail-in ballots for single elections of my choosing the county of the votes.  Last Name (Type or Print)  Address at which you are registered to vote:  Street Address or RD#  Municipality (City/Town)  Date of Birth (MM / DD / YYYY)  // Day Time Phone Number // Signature  Please sign your name as it appears in the Poll  OPTIONAL - COMPLETE ONLY IF APPLICABLE  ASSISTOR INFORMATION: Any person providing assistance to the voter in completing this form must complete this section.  Name of Assistor (Type or Print)  Address  Municipality (City/Town)  State  Zip Code	I hereby request the County Clerk remove my name from the Vote-By-Mail list. This will permit me to vote on the voting mar request mail-in ballots for single elections of my choosing.  Last Name (Type or Print)  First Name (Type or Print)  Address at which you are registered to vote:  Street Address or RD#  Municipality (City/Town)  Sta  No  Date of Birth (MM / DD / YYYY)  / Please sign your name as it appears in the Poll Book.  OPTIONAL - COMPLETE ONLY IF APPLICABLE  ASSISTOR INFORMATION: Any person providing assistance to the voter in completing this form must complete this section.  Date of Birth (MM / DD / YYYY)  / /  Address  Municipality (City/Town)  State  Zip Code  Vot  Mu  Signature of Assistor	I hereby request the County Clerk remove my name from the ALL FU' Vote-By-Mail list. This will permit me to vote on the voting machines a request mail-in ballots for single elections of my choosing.  Last Name (Type or Print)   First Name (Type or Print)   Middle Name (Type or Print)   State   NJ    Date of Birth (MM / DD / YYYY)   5   Day Time Phone Number   6   E-Mail Address    Signature   Please sign your name as it appears in the Poll Book.    OPTIONAL - COMPLETE ONLY IF APPLICABLE   ASSISTOR INFORMATION: Any person providing assistance to the voter in completing this form must complete this section.   Date of Birth (MM / DD / YYYYY)   Name of Assistor (Type or Print)   Date of Birth (MM / DD / YYYYY)   Address   Ca	I hereby request the County Clerk remove my name from the ALL FUTURE ELECT Vote-By-Mail list. This will permit me to vote on the voting machines at my polling prequest mail-in ballots for single elections of my choosing.  Last Name (Type or Print)   First Name (Type or Print)   Middle Name or Initial    Address at which you are registered to vote:  Street Address or RD#   Apt    Municipality (City/Town)   State   Zip    Signature   Please sign your name as it appears in the Poll Book.   Book    OPTIONAL - COMPLETE ONLY IF APPLICABLE    ASSISTOR INFORMATION: Any person providing assistance to the voter in completing this form must complete this section.    Name of Assistor (Type or Print)   Date of Birth (MM / DD / YYYY)    Address   Address    Municipality (City/Town)   State   Zip Code    Signature of Assistor    Signature of Assistor    Signature of Assistor    Name of Assistor    Municipality (City/Town)   State   Zip Code    Signature of Assistor    Name of Assistor    Municipality (City/Town)   State   Zip Code    Name of Assistor    Name of Assistor    Municipality (City/Town)   State   Zip Code    Name of Assistor    Name