



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

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

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☐

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.

2

Last Name (Type or Print)

First Name (Type or Print)

Middle Name or Initial

Suffix (Jr., Sr.)

3

Address at which you are registered to vote:

Street Address or RD#

Apt.

Municipality (City/Town)

State

Zip

NJ

4

Date of Birth (MM / DD / YYYY)

/ /

5

Day Time Phone Number

6

E-Mail Address (Optional)

7

Signature

Please sign your name as it appears in the Poll Book.

X

8

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)

/ /

9

Address

Municipality (City/Town)

State

Zip Code

Signature of Assistor

X

MAIL OR DELIVER TO:

Salem County Clerk
110 Fifth St, Ste. 200
Salem, NJ 08079
Questions?
Call 856-935-7510 x8454

OFFICE USE ONLY

Voter Reg # _____

Munic / Dist _____

A ___ E ___ I ___ L ___ F ___