

**WINSLOW TOWNSHIP FIRE DISTRICT #1**  
**NOTICE 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 **FIRE DISTRICT ELECTION to be held on Saturday, February 17, 2018**, complete the application form below 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 said 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 the election. No person who is a candidate in the election for which the voter requests a mail-in ballot may provide any 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 request information. A voter may, however, request an application in person from the county clerk up to 3:00 p.m. 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 indicating on their mail-in ballot application 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.

Application forms may be obtained by applying to the undersigned either in writing, by telephone, or the application form provided below may be completed and forwarded to the undersigned. You may also go the County Clerk's website at [www.camdencounty.com](http://www.camdencounty.com).

Joseph Ripa  
Clerk of Camden County  
P.O. Box 218  
Blackwood, NJ 08012-0218  
(856)225-7219

**Dated: December 1, 2017**

# 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

**MILITARY/OVERSEAS VOTER ONLY**  
 I request Vote By Mail for all elections in which I am eligible to vote and I am (MARK ONLY ONE)  
 A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent.  
 A U.S. Citizen residing outside the U.S. and I intend to return.  
 A U.S. Citizen residing outside the U.S. and I do not intend to return.

**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. \_\_\_\_\_  
 Municipality (City/Town) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**4** 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) \_\_\_\_\_

**5** Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ **6** Day Time Phone Number (\_\_\_\_) \_\_\_\_\_ **7** E-Mail Address (Optional) \_\_\_\_\_

**8** Signature **X** \_\_\_\_\_ Please sign your name as it appears in the Poll Book. **9** Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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 **THREE** 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 show photo ID in the presence of the County Clerk or County Clerk designee.

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

Signature of Messenger **X** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### OFFICE USE ONLY

Voter Reg # \_\_\_\_\_  
 Muni Code # \_\_\_\_\_ Party \_\_\_\_\_  
 Ward \_\_\_\_\_ District \_\_\_\_\_