BOARD OF FIRE COMMISSIONERS
FIRE DISTRICT NO. 1
TOWNSHIP OF LAKEWOOD
OFFICIAL DISTRICT ANNUAL ELECTION
FEBRUARY 15, 2020
VOTE BY MAIL
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 Annual Election for Commissioners for the Board of Fire Commissioners of Fire District No. 1, Township of Lakewood, and for approval or disapproval of the 2020 budget for said District and determine such other matters as may be required such as, but not limited to, the position(s) of Fire Commissioner(s) and approval or disapproval of capital projects(s) and funding and approval or disapproval of cancellation of capital projects, to be held on February 15, 2020, complete the application form below and send or deliver 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 the 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 3 qualified voters in an 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 therefor by mail unless the request is received at least seven days before the election and contains the requested information. A voter may, however, request an application in person from the County Clerk up to 3:00 p.m. of the day before the election.

Voters who want to vote only by mail in all future 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, in writing, that the voter no longer be sent such a ballot.

Voters also have the option of indicating on their mail-in ballot applications that they would prefer to receive mail-in ballots for this Fire Election only. Voters who exercise this option will be furnished with mail-in ballots for this Fire Election only and not future Fire Elections.

Application forms may be obtained by applying to the undersigned either in writing or by telephone, or the application form provided below may be completed and forwarded to the undersigned. You can also download the application form at http://www.oceancountyclerk.com on the internet.

Dated: December 5, 2019

SCOTT M. COLABELLA
County Clerk
County of Ocean
Court House Room 107
P.O. Box 2191
Toms River, New Jersey 08754-9913
(732) 929-2018
Email: SColabella@co.ocean.nj.us

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:**
(CHECK ONLY ONE)

☐ ALL FUTURE ELECTIONS, until I request otherwise in writing.

Or for ONLY ONE of the following: ☐ General (November)

☐ Primary (June) ☐ Municipal ☐ School ☐ Fire

☐ Special _____ To be held on ___/___/___
(Specify) (MM/ DD /YYYY)

MILITARY/OVERSEAS VOTER ONLY
I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am
(CHECK 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.
☐ A U.S. Citizen residing outside the U.S., and I have never lived in the U.S.

Please Note: Your ballot can only be sent to the mailing address supplied on this application. If your mailing address changes, you must notify the County Clerk in writing.

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. No.
Municipality (City/Town) | State | Zip Code

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 (MM/ DD /YYYY) ___/___/___

6 Day Time Phone Number ( )

7 E-Mail Address (Optional)

8 **Signature** Please sign your name as it appears in the Poll Book
X _____

9 Today's Date (MM/ DD /YYYY) ___/___/___

OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 11 IF APPLICABLE

10 **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 (MM/ DD /YYYY)
Address | Apt. No. | Municipality (City/Town) | State | Zip Code

11 **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 Ocean 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 in an election.

I designate _____ **to be my Authorized Messenger.**
Print Name of Authorized Messenger

Address of Messenger | Apt. No. | Municipality (City/Town) | State | Zip Code | Date of Birth (MM/ DD /YYYY)

Signature of Voter X _____ Date (MM/ DD /YYYY) ___/___/___

STOP 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 | Date (MM/ DD /YYYY)
X _____ ___/___/___

OFFICE USE ONLY
Voter Reg #: _____
Muni. Code #: _____ Party: _____
Ward: _____ District: _____

Dear Voter: Fold Application, seal with tape, and mail

Name

Street Address

Municipality (City/Town) State Zip Code

OFFICIAL ELECTION MAIL

NO POSTAGE NECESSARY IF MAILED IN UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 626 TOMS RIVER, N.J.

POSTAGE WILL BE PAID BY ADDRESSEE

APPLICATION FOR VOTE BY MAIL BALLOT

To: SCOTT M COLABELLA COUNTY CLERK
COUNTY OF OCEAN
COURT HOUSE ROOM 107
PO BOX 2191
TOMS RIVER NJ 08754-9913

VOTE BY MAIL INFORMATION

1. You must be a registered voter in order to apply for a Mail-In Ballot.
2. Once you apply for a Mail-In Ballot, you will not be permitted to vote by machine at your polling place in the same election.
3. You will receive instructions with your Ballot.
4. If returning your Mail-In Ballot in person, it must be received by the County Board of Elections before the close of polls on Election Day. If returning your Mail-In Ballot by mail, it must be postmarked no later than Election Day and received by the County Board of Elections no later than 48 hours after the time of the closing of the polls for the election.
5. Do not submit more than one application for the same election.
6. You must apply for a Mail-In Ballot for each election, unless you designate otherwise under Section 1.

OCEAN COUNTY CLERK'S ELECTION OFFICE
P.O. Box 2191, Court House, 118 Washington Street, Room 107
Toms River, New Jersey 08754-2191
(732) 929-2153 (800) 722-0291 www.oceancountyclerk.com

DO NOT FAX OR E-MAIL
UNLESS YOU ARE A MILITARY OR OVERSEAS VOTER

PLEASE NOTE

A voter may apply for a Mail-In Ballot by mail up to 7 days prior to the election. He or she may also apply in person to the County Clerk until 3 P.M. the day before the election.

Voters now have an option of automatically receiving a Mail-In Ballot for all future elections. If such voter no longer wants this option, the County Clerk's office must be notified in writing.

WARNING:

This application must be received by the County Clerk not later than 7 days prior to the election, unless you apply in person or via an authorized messenger during County Clerk's office hours, but no later than 3 P.M. the day prior to the election.

OFFICIAL ELECTION MAIL

SCOTT M COLABELLA
OFFICE OF THE OCEAN COUNTY CLERK
COURT HOUSE RM 107
PO BOX 2191
TOMS RIVER NJ 08754-2191