



Opt-Out Form (Vote by Mail)

Mail/drop ** off completed form to: Atlantic County Clerk's Office
Attn: Elections Department
5901 Main Street
Mays Landing, NJ 08330

**Must be original document, fax or email copy will not be accepted

Last Name	First Name	Middle Initial
<i>Address at which you are registered to vote:</i> Street Address/Apt #		
Municipality (City/Town)	State	Zip Code
Date of Birth	Phone Number	

I DO HEREBY CERTIFY, that I no longer wish to receive Mail-In Ballots

Voter's Signature: _____

Date: _____

Assistor: Any person assisting the voter in completing this form must complete this section:

Last Name	First Name	Middle Initial
<i>Address at which you are registered to vote:</i> Street Address/Apt #		
Municipality (City/Town)	State	Zip Code

<i>Official Use Only</i>
