



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 |

| |
|--------------------------|
| Official Use Only |
|--------------------------|