

BOARD OF FIRE COMMISSIONERS
FIRE DISTRICT NO. 1
TOWNSHIP OF RIVERSIDE
OFFICIAL DISTRICT ANNUAL ELECTION
FEBRUARY 16, 2019
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 Riverside, and for approval or disapproval of the 2019 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 16, 2019, 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 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, 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://co.burlington.nj.us> on the internet.

Dated: December 21, 2018

Honorable Timothy D. Tyler
Burlington County Clerk
49 Rancocas Road
P.O. Box 6000
Mount Holly, New Jersey 08060
(609) 265-5122
Email: ttyler@co.burlington.nj.us
Email: OSBallot@co.burlington.nj.us

INSTRUCTIONS

- Fill out application.
- Print and sign your name where indicated.
- Mail or Deliver application to the County Clerk.

DO NOT FAX OR E-MAIL
Unless you are a Military or Overseas Voter

VOTING INFORMATION

1. You must be a register 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. Your Mail-In Ballot must be received by the County Board of Election before close of polls on Election Day.
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 "Voter Options."

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 3:00 P.M. the day before the election.

Note also that voters have an option of indicating on an application for a Mail-In Ballot that they would prefer to receive a ballot for each election that takes place during the remainder of the calendar year.

Voters also now have an option of automatically receiving a Mail-In Ballot for each General Election. 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 3:00 P.M. the day prior to the election.

APPLICATION FOR VOTE BY MAIL BALLOT

Please type or print clearly in ink. All information required unless marked optional.

1	<p>I hereby apply for a Mail-In Ballot for: (CHECK ONLY ONE)</p> <p><input type="checkbox"/> ALL FUTURE ELECTIONS, until I request otherwise in writing.</p> <p>Or for ONLY ONE of the following: <input type="checkbox"/> General (November)</p> <p><input type="checkbox"/> Primary (June) <input type="checkbox"/> Municipal <input type="checkbox"/> School <input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Special _____ To be held on ____/____/____ <small>(Specify) (MM/DD/YYYY)</small></p>	<p>MILITARY/OVERSEAS VOTER ONLY</p> <p>I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am (CHECK ONLY ONE)</p> <p><input type="checkbox"/> A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent.</p> <p><input type="checkbox"/> A U.S. Citizen residing outside the U.S. and I intend to return.</p> <p><input type="checkbox"/> A U.S. Citizen residing outside the U.S. and I do not intend to return.</p> <p><input type="checkbox"/> A U.S. Citizen residing outside the U.S. and I have never lived in the U.S.</p>
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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 <small>(Type or Print)</small>	First Name <small>(Type or Print)</small>	Middle Name or Initial	Suffix (Jr., Sr., III)
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3	<p>Address at which you are registered to vote:</p> <p>Street Address or RD# _____ Apt. _____</p> <p>Municipality (City/Town) _____ State _____ Zip _____</p>	4	<p>Mail my ballot to the following address:</p> <p><input type="checkbox"/> Same Address as Section 3</p> <p><small>Please include any PO Box, RD#, State/Province, Zip/Postal Code & Country (if outside US)</small></p> <p>_____</p> <p>_____</p> <p>_____</p>
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5	Date of Birth (MM/DD/YYYY)	6	Day Time Phone Number	7	E-Mail Address (Optional)
	____/____/____		(____) _____		_____

8	<p>Signature Please sign your name as it appears in the Poll Book.</p> <p style="font-size: 2em; text-align: center;">X _____</p>	9	<p>Today's Date (MM/DD/YYYY)</p> <p style="font-size: 1.5em; text-align: center;">____/____/____</p>
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OPTIONAL - ONLY COMPLETE SECTIONS 10 OR 11 IF APPLICABLE

Assistor: Any person providing assistance to the voter in completing this application must complete this section.					
10	Name of Assistor <small>(Type or Print)</small>	Signature of Assistor	Date (MM/DD/YYYY)		
	_____	X _____	____/____/____		
	Address _____	Apt. _____	Municipality (City/Town) _____	State _____	Zip _____

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.					
<small>Print Name of Authorized Messenger</small>					
11	Address of Messenger _____	Apt. _____	Municipality (City/Town) _____	State _____	Date of Birth (MM/DD/YYYY) _____
					____/____/____
	Signature of Voter X _____				Date (MM/DD/YYYY) _____
					____/____/____



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 _____

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Unless you are a Military or Overseas Voter

VOTING 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 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.

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.

PLACE
POSTAGE
HERE
BEFORE
MAILING



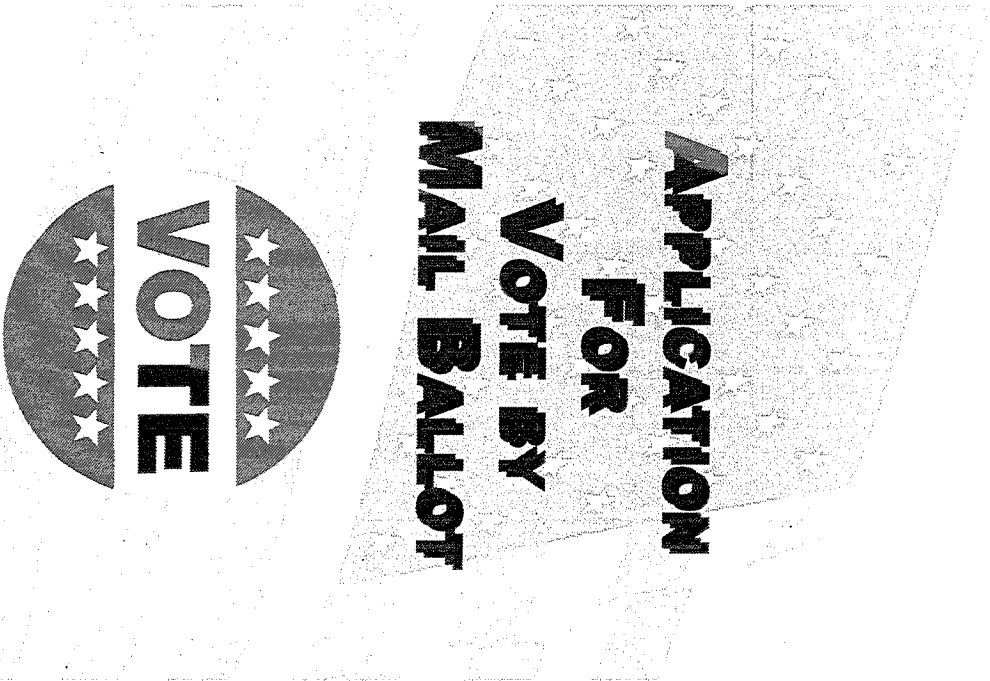
Name _____

Street Address _____

City, State, Zip Code _____

APPLICATION FOR VOTE BY MAIL BALLOT

Timothy D. Tyler
Burlington County Clerk
50 Rancocas Road
PO Box 6000
Mount Holly, NJ 08060-6000



Please Seal with Tape and Return