* In order to receive a second ballot, you must submit this form:

MAY 12, 2020 -SCHOOL BOARD & MUNICIPAL ELECTIONS

SECOND BALLOT REQUEST FORM

NAME:	
(please print)	
DECICTEDED ADDRESS	
REGISTERED ADDRESS: (please print)	
MAIL MY BALLOT TO THE FOLLOWING ADDRESS	
(please print)	
DATE OF BIRTH:	
(please print)	
SIGNATURE:	
PHONE NUMBER:	
(please print)	
REASON FOR REQUEST	
(please check applicable box)	
1. I have not received my first ballot	
2. I mistakenly threw away or misplaced my ballot	
3. I accidently made a mistake on my ballot and am requesting a second ballot.	
Please contact the Essex County Clerks Office at 973-387-7314 with any questions or conc	erns Once

Please contact the Essex County Clerks Office at 973-387-7314 with any questions or concerns. Once completed email this application and a vote by mail application back to iferry@clerk.essexcountynj.org or fax to 973-621-4960.

