

P.O. Box 2006  
129 Hooper Avenue  
Toms River, NJ 08754-2006



Phone: (732) 929-2167  
Fax: (732) 506-5110

## Ocean County Board of Elections

Dear Ocean County Voter,

The Board of Elections has received your voted mail-in ballot for the 2020 General Election.  
**Unfortunately, your ballot envelope did not have a signature or your signature did not match those on file.**

New Jersey Election Law requires us to compare the signature on your ballot envelope with the signatures in your voter registration record to verify your identity. For your ballot to count, you must complete and return this Cure Form on or before 4 PM on **Wednesday, November 18, 2020**. If you do not return the form by this date, the ballot will be rejected.

Please be advised, if you return the signed Cure Form, we will update your voter registration record to include this signature. We hope you reply soon so your vote may be counted. **If the ballot received in your name was not from you, please contact this office immediately at 732-929-2167.**

Sincerely,

Wyatt Earp, Secretary Commissioner

**Instructions:** Complete, sign and return this form, along with a copy of your identification, if applicable, in-person, or by fax or email using the contact information below.

129 Hooper Ave  
Toms River, NJ 08754

**Fax**  
(732)506-5110

**Email**  
[OCBOECureLetter@co.ocean.nj.us](mailto:OCBOECureLetter@co.ocean.nj.us)

I, \_\_\_\_\_, hereby declare that I submitted my mail-in ballot. I am verifying my identity by (choose one):

\_\_\_\_\_ My Driver's License Number is \_\_\_\_\_ or;

\_\_\_\_\_ My Motor Vehicle Commission Non-driver ID Number is \_\_\_\_\_ or,

\_\_\_\_\_ I do not have a Driver's License Number or Motor Vehicle Commission Non-driver ID Number.  
The last 4 digits of my Social Security Number are \_\_\_\_\_; or,

\_\_\_\_\_ I do not have a Driver's License, Motor Vehicle Commission Non-driver Identification, or Social Security Number, and am attaching a legible copy of a sample ballot which lists my name & address; an official federal, State, county or municipal document which lists my name & address; or a utility or telephone bill or tax or rent receipt which lists my name & address;

I wish to cure the signature deficiency in the record so my ballot can be accepted.

\_\_\_\_\_  
(SIGNATURE OF VOTER)

\_\_\_\_\_  
(DATE)

Batch: Nov17,2020