

P.O. Box 2006 129 Hooper Avenue Toms River, NJ 08754-2006 (732) 929-2167 Fax: (732) 506-5110 (800) 452-5254

## COUNTY OF OCEAN

**BOARD OF ELECTIONS** 

## REQUEST TO BE REMOVED FROM VOTER FILES

Dear Voter;

If you wish to be removed from the active voter registration rolls in Ocean County, please sign the affirmation below and mail it back in the self-addressed envelope. This will enable us to process your request. (Please note that a Power of Attorney cannot sign for you.)

Very Truly Yours;

Nother

Wyatt Earp, Secretary-Commissioner

I do hereby request the Ocean County Board of Elections to remove my name from the active voter rolls. Please check off one of the following: I no longer live in New Jersey. I no longer live in Ocean County. I wish to be removed from the Voter File for other reasons.			
Original Signature or Mark of	Voter (A Power of A	ttorney cannot sign for voter)	Date
Print Voter's Name			Date of Birth
Current Street Address	Apt #	Town	Zip
*** If assistance is given to th	ne Voter completing i	this form, please sign belo	ow:
Printed Name of Assistor	Signature of Assistor		Date

WE/sd: 9/27/17