

# REQUEST TO **OPT-OFF** PERMANENT VOTE-BY-MAIL LIST



**Sussex County Clerk's Office**  
83 Spring St., Suite 304, Newton, NJ 07860

**1**  **I no longer wish to receive mail-in ballots for every future election.**  
I hereby request the County Clerk remove my name from the ALL FUTURE ELECTIONS Vote-By-Mail list. This will permit me to vote on the voting machines at my polling place or to request mail-in ballots for **single elections** of my choosing.

**2** Last Name (Type or Print) | First Name (Type or Print) | Middle Name or Initial | Suffix (Jr., Sr.)

**3** Address at which you are registered to vote:  
Street Address or RD# | Apt.  
Municipality (City/Town) | State | Zip  
NJ

**4** Date of Birth (MM / DD / YYYY) | **5** Day Time Phone Number | **6** E-Mail Address (Optional)

**7** **Signature** Please sign your name as it appears in the Poll Book. **8** Today's Date (MM / DD / YYYY)  
X \_\_\_\_\_ / /

**OPTIONAL - COMPLETE ONLY IF APPLICABLE**

**9** ASSISTOR INFORMATION: Any person providing assistance to the voter in completing this form must complete this section.

Name of Assistor (Type or Print) | Date of Birth (MM / DD / YYYY)  
\_\_\_\_\_| / /

Address  
\_\_\_\_\_  
Municipality (City/Town) | State | Zip Code  
\_\_\_\_\_| \_\_\_\_\_ | \_\_\_\_\_

Signature of Assistor  
X \_\_\_\_\_

**MAIL OR DELIVER TO:**

Sussex County Clerk  
83 Spring St., Suite 304  
Newton, NJ 07860  
Questions? Call 973-579-0900

**OFFICE USE ONLY**

Voter Reg # \_\_\_\_\_  
Munic / Dist \_\_\_\_\_  
A \_\_\_ E \_\_\_ I \_\_\_ L \_\_\_ F \_\_\_