THE OFFICE OF THE ESSEX COUNTY CLERK COUNTY OF ESSEX



| Dear County Clerk: | |
|-------------------------|---|
| Please be advised that: | |
| | I do not wish to receive a Mail-In Ballot for all future elections. |
| Name: | |
| Address: | |
| City/Zip | |
| | NAME PRINTED/TYPED CLEARLY |
| Signature: | |
| Date: | |
| | |
| P.O. Box 69 | J. Durkin, Essex County Clerk 0 07102-0690 |

optout@clerk.essexcountynj.org Fax: 973-621-4640