

**RE-ELECT JOEL KAPLAN AND GERALD KAPLAN
FIRE COMMISSIONERS DISTRICT 3**

Saturday, February 21 2015 Regency Clubhouse 2-9PM



Together, more than half a century of Fire Department experience!

Joel Kaplan

Fire Commissioner District 3

- *Retired FDNY Firefighter
- *Emergency Medical Technician
- *Recipient of 9/11 World Trade Center Campaign Medal
- *3 Certificates of Merit
- *Member of Various Fire Department Organizations
- *Maintain constant communication with FDNY on latest firefighting information
- *Served in United States Marine Corp.
- *Attended Marine Corp. Institute in Quantico

Gerald Kaplan

Fire Commissioner District 3

- *Retired Gordons Corner Fire Department firefighter
 - *Association Fire Officer
 - *Served 20 years as Manalapan Township Fire Commissioner
 - *Emergency Medical Technician
 - *American Heart Healthcare Provider
 - *Life Exempt Member of the Gordons Corner Fire Department, District 1
 - *Electrical Foreman in the Electrical Industry of NYC for 41 years
-

APPLICATION FOR VOTE BY MAIL BALLOT

1	Please type or print clearly in ink. All information required unless marked optional.			MILITARY/OVERSEAS VOTER ONLY		
	I hereby apply for a Mail-In Ballot for the: (CHECK ONLY ONE) <input type="checkbox"/> General (November) <input type="checkbox"/> Primary <input type="checkbox"/> Municipal <input type="checkbox"/> School <input checked="" type="checkbox"/> Fire ³ <input type="checkbox"/> Special _____ To be held on <u>2/21/15</u> Date			I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am (MARK ONLY ONE) <input type="checkbox"/> A member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent. <input type="checkbox"/> A U.S. Citizen residing outside the U.S. and I intend to return. <input type="checkbox"/> A U.S. Citizen residing outside the U.S. and I do not intend to return.		
2	Last Name (Type or Print)		First Name (Type or Print)		Middle Name or Initial	Suffix (Jr., Sr., III)
3	Address at which you are registered to vote Street Address or RD# _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____			4	Mail my ballot to the following address: <input type="checkbox"/> Same address as Section 3 Please include _____ any _____ PO Box, RD#, _____ State/Province, _____ Zip/Postal Code _____ & Country _____ (if outside US) _____	
5	Date of Birth _____ / _____ / _____	6	Day Time Phone Number () _____		7	E-Mail Address (Optional) _____
8	Signature _____ Please sign your name as it appears in the Poll Book.				9	Today's Date _____ / _____ / _____

OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 12 IF APPLICABLE

10	Voter Options to Automatically Receive Ballots in Future Elections You may choose either option, both options, or none of the options. YOU ARE NOT REQUIRED TO CHOOSE AN OPTION. If you do not choose any option, you will only be sent the ballot for the election you chose in Section 1.						
	*A <input type="checkbox"/> I wish to receive a Mail-In Ballot for all elections to be held during the REMAINDER OF THIS CALENDAR YEAR. *B <input type="checkbox"/> I wish to receive a Mail-In Ballot in ALL FUTURE NOVEMBER GENERAL ELECTIONS , until I request otherwise. <small>*Please note: Your ballot can only be sent to the mailing address supplied on this application; if your address changes, you must notify the County Clerk in writing.</small>						
11	Assistor Any person providing assistance to the voter in completing this application must complete this section.						
	Name of Assistor (Type or Print)			Signature of Assistor		Date _____ / _____ / _____	
Address			Apt.	Municipality (City/Town)		State	Zip
12	Authorized Messenger Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger shall be a family member or a registered voter of this County. No Authorized Messenger can (1) be a Candidate in the election for which the voter is requesting a Mail-In Ballot or (2) serve as a messenger for more than TEN qualified voters per election.						
	I designate _____ to be my Authorized Messenger. <small>Print Name of Authorized Messenger</small>						
Address of Messenger		Apt.	Municipality (City/Town)		State	Zip	Date of Birth _____ / _____ / _____
Signature of Voter X _____						Date _____ / _____ / _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Authorized Messenger must sign application and show photo ID in the presence of the County Clerk or County Clerk designee.</p> <p>"I do hereby certify that I will deliver the Mail-In Ballot directly to the voter and no other person, under penalty of law."</p> Signature of Messenger _____ Date _____ / _____ / _____ </div> <div style="width: 45%; text-align: center;"> OFFICE USE ONLY Voter Reg # _____ Muni Code # _____ Party _____ Ward _____ District _____ </div> </div>							

MIDDLESEX COUNTY CLERK
75 BAYARD STREET, FOURTH FLOOR
P.O. BOX 1110
NEW BRUNSWICK, N.J. 08903-1110



APPLICATION FOR VOTE BY MAIL BALLOT

INSTRUCTIONS

- Fill out application.
- Print and sign your name where indicated.
- **Mail or Deliver** application to the County Clerk.

DO NOT FAX OR E-MAIL

Unless you are a **Military or Overseas Voter**

VOTING INFORMATION

1. You must be a registered voter in order to apply for a Mail-in Ballot.
2. Once you apply for a Mail-in Ballot, you will not be permitted to vote by machine at your polling place in the same election.
3. You will receive instructions with your ballot.
4. Your Mail-in Ballot must be received by the County Board of Election before close of polls on Election Day.
5. Do not submit more than one application for the same election.
6. You must apply for a Mail-in Ballot for each election, unless you designate otherwise under "Voter Options".

PLEASE NOTE

A voter may apply for a Mail-in Ballot by mail up to 7 days prior to the election. He or she may also apply in person to the County Clerk until 3 P.M. the day before the election.

Note also that voters have an option of indicating on an application for a Mail-in Ballot that they would prefer to receive a ballot for each election that takes place during the remainder of the calendar year.

Voters also now have an option of automatically receiving a Mail-in Ballot for each General Election. If such voter no longer wants this option, the County Clerk's office must be notified in writing.

WARNING

This application must be received by the County Clerk not later than 7 days prior to the election, unless you apply in person or via an authorized messenger during County Clerk's office hours, but no later than 3 P.M. the day prior to the election.

Affix
First Class
Postage
Here



Name _____
Address _____
Municipality _____ State _____ Zip Code _____

APPLICATION FOR VOTE BY MAIL BALLOT

To: MIDDLESEX COUNTY CLERK
75 Bayard Street, Fourth Floor
P.O. Box 1110
New Brunswick, N.J. 08903-1110