

## LEGAL NOTICE

NOTICE OF ELECTION FOR FIRE DISTRICT NO. 3 IN THE TOWNSHIP OF JACKSON,  
COUNTY OF OCEAN, NEW JERSEY ON FEBRUARY 18, 2023.

Notice is hereby given to the legal voters of Fire District #3 in the Township of Jackson, County of Ocean, New Jersey that the annual election will be held on Saturday, February 18, 2023 between the hours of 2:00 p.m. and 9:00 p.m. The polling place will remain open until 9:00 p.m. and as much longer thereafter as may be necessary to enable all the legal voters then present to cast their ballots.

The polling places for Jackson Fire District #3 is at the Jackson Fire Department located at 200 Kierych Memorial Drive, Jackson NJ 08527.

At said election there will be elected three members to the Board of Fire Commissioners, District No. 3 for a term of a one year, a two year and a three year term. The voters shall be asked to approve or disapprove the proposed 2023 annual budget. The filing date for filing with the clerk of the Board of Fire Commissioners, 200 Kierych Memorial Drive, Jackson, New Jersey of petitions of nomination for membership of the Board shall be 4p.m. on January 20<sup>th</sup>, 2023.

Dawn Hode  
Clerk

## NOTICE

### TO PERSONS WANTING MAIL IN BALLOTS

If you are a qualified and registered voter of the State who wants to vote by mail in the Toms River Fire Commissioners District No. 1 and Toms River Fire Commissioners District No.2 Election to be held on Saturday, February 18, 2023 complete the application form and send to the undersigned, or write or apply in person to the undersigned at once requesting that a mail-in ballot be forwarded to you. The request must state your home address and the address to which the ballot should be sent. The request must be dated and signed with your signature.

If any person has assisted you to complete the mail-in ballot application, the name, address and signature of the assistor must be provided on the application, and you must sign and date the application for it to be valid and processed. No person shall serve as an authorized messenger for more than 10 qualified voters in an election. No person who is a candidate in the election for which the voter requests a mail-in ballot may provide assistance in the completion of the ballot or may serve as an authorized messenger or bearer.

No mail in ballot will be provided to any applicant who submits a request therefore by mail unless the request is received at least seven days before the election and contains the requested information. A voter may, however, request an application in person from the county clerk up to 3 p.m. of the day before the election.

Voters who want to vote only by mail in all future general elections in which they are eligible to vote and who state that on their application shall after their initial request and without further action on their part be provided a mail-in ballot by the county clerk until the voter requests that the voter no longer be sent such a ballot. A voter's failure to vote in the fourth general election following the general election at which the voter last voted may result in the suspension of that voter's ability to receive a mail-in ballot for all future general elections unless a new application is completed and filed with the county clerk.

Voters also have the option of indicating on their mail-in ballot applications that they would prefer to receive mail-in ballots for each election that takes place during the remainder of this calendar year. Voters who exercise this option will be furnished with mail-in ballots for each election that takes place during the remainder of this calendar year, without further action on their part.

Dated: December 9, 2022

SCOTT M. COLABELLA

County Clerk-County of Ocean

P.O. Box 2191, Room 107, Court House

Toms River, New Jersey, 08754-2191

732-929-2153 [www.oceancountyclerk.com](http://www.oceancountyclerk.com)

E-mail: [SColabella@co.ocean.nj.us](mailto:SColabella@co.ocean.nj.us)

# APPLICATION FOR VOTE BY MAIL BALLOT

Please type or print clearly in ink. All information required unless marked optional.

|          |   |  |                            |  |  |   |                                 |
|----------|---|--|----------------------------|--|--|---|---------------------------------|
| <b>1</b> | <b>I hereby apply for a Mail-In Ballot for:</b><br><b>(CHECK ONLY ONE)</b><br><input type="checkbox"/> ALL FUTURE ELECTIONS, until I request otherwise in writing.<br>Or for ONLY ONE of the following: <input type="checkbox"/> General (November)<br><input type="checkbox"/> Primary (June) <input type="checkbox"/> Municipal <input type="checkbox"/> School <input type="checkbox"/> Fire<br><input type="checkbox"/> Special _____ To be held on ____/____/____<br><small>(Specify) (MM/DD/YYYY)</small> |  |                            | <b>MILITARY/OVERSEAS VOTER ONLY</b><br>I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am<br><b>(CHECK ONLY ONE)</b><br><input type="checkbox"/> A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent.<br><input type="checkbox"/> A U.S. Citizen residing outside the U.S., and I intend to return.<br><input type="checkbox"/> A U.S. Citizen residing outside the U.S., and I do not intend to return.<br><input type="checkbox"/> A U.S. Citizen residing outside the U.S., and I have never lived in the U.S. |  |   |                                 |
|          | Please Note: Your ballot can only be sent to the mailing address supplied on this application.<br>If your mailing address changes, you must notify the County Clerk in writing.   |  |                            |  |  |   |                                 |
| <b>2</b> | Last Name (Type or Print)   |  | First Name (Type or Print) |  | Middle Name or Initial   | Suffix (Jr., Sr., III)                      |                                 |
| <b>3</b> | <b>Address at which you are registered to vote</b><br>Street Address or RD# _____ Apt. No. _____<br>Municipality (City/Town) _____ State _____ Zip Code _____   |  |                            | <b>4</b>   | <b>Mail my ballot to the following address</b> <input type="checkbox"/> Same Address as Section 3<br><br>Please include _____<br>any _____<br>PO Box, RD#, _____<br>State/Province, _____<br>Zip/Postal Code _____<br>& Country _____<br>(if outside US) _____ |   |                                 |
|          |   |  |                            |  |  |   |                                 |
| <b>5</b> | Date of Birth (MM/DD/YYYY) _____/_____/_____  |  | <b>6</b>                   | Day Time Phone Number (____) _____-____-_____  |  | <b>7</b>                                    | E-Mail Address (Optional) _____ |
| <b>8</b> | <b>Signature</b> Please sign your name as it appears in the Poll Book<br>_____ <b>X</b> _____   |  |                            |  | <b>9</b>   | Today's Date (MM/DD/YYYY) _____/_____/_____ |                                 |

## OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 11 IF APPLICABLE

|   |   |  |   |  |             |                                     |
|---|---|--|---|--|-------------|-------------------------------------|
| <b>10</b>   | <b>Assistor</b><br>Any person providing assistance to the voter in completing this application must complete this section.  |  |   |  |             |                                     |
|   | Name of Assistor (Type or Print) _____  |  |   | Signature of Assistor _____ <b>X</b> _____ |             | Date (MM/DD/YYYY) _____/_____/_____ |
| Address _____   |   |  | Apt. No. _____  | Municipality (City/Town) _____             | State _____ | Zip Code _____                      |
| <b>11</b>   | <b>Authorized Messenger</b><br>Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger shall be a family member or a registered voter of Ocean 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 messenger for more than THREE qualified voters in an election. |  |   |  |             |                                     |
|   | I designate _____ to be my Authorized Messenger.<br><small>Print Name of Authorized Messenger</small>   |  |   |  |             |                                     |
|   | Address of Messenger _____  |  | Apt. No. _____  | Municipality (City/Town) _____             | State _____ | Zip Code _____                      |
| Signature of Voter _____ <b>X</b> _____   |   |  | Date (MM/DD/YYYY) _____/_____/_____   |  |             |                                     |
| Authorized Messenger must sign application and show photo ID in the presence of the County Clerk or County Clerk designee.<br>"I do hereby certify that I will deliver the Mail-In Ballot directly to the voter and no other person, under penalty of law."<br>Signature of Messenger _____ Date (MM/DD/YYYY) _____/_____/_____ |   |  | <b>OFFICE USE ONLY</b><br>Voter Reg #: _____<br>Muni. Code #: _____ Party: _____<br>Ward: _____ District: _____ |  |             |                                     |
| Dear Voter: Fold Application and PEEL OFF STRIP BELOW AND MAIL  |   |  |   |  |             |                                     |