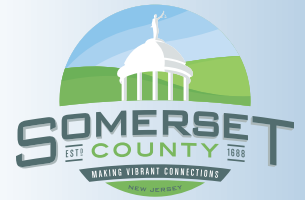




SOMERSET COUNTY BOARD OF ELECTIONS

P.O. Box 3000, 20 Grove Street
Somerville, NJ 08876-1262

Phone: (908) 231-7086 • (908) 231-7089 • Fax (908) 231-9465



SOMERSET COUNTY CHALLENGER BADGE/CERTIFICATE REQUEST FORM

The appointment of or application for challengers shall be filed with the County Board not later than the second Tuesday preceding any election. NJSA 19:7-3.

CANDIDATE'S NAME	<input type="text"/>	PARTY	<input type="text"/>
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FOR THE OFFICE OF	<input type="text"/>
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TYPE OF ELECTION	<input type="text"/>
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CALL (name)	<input type="text"/>	AT (daytime number)	<input type="text"/>
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SIGNATURE OF CANDIDATE	<input type="text"/>
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(SIGNATURE)

THERE IS A MAXIMUM OF TWO CHALLENGERS ALLOWED FOR EACH ELECTION DISTRICT. EACH CHALLENGER MUST BE A REGISTERED VOTER IN SOMERSET COUNTY.

List the Names of the challengers below with the complete designation of the Election District of the Municipality to which they are assigned.

TOTAL NUMBER OF BADGES REQUESTED	<input type="text"/>
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WARD/DISTRICT	MUNICIPALITY	NAME	ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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WARD/DISTRICT	MUNICIPALITY	NAME	ADDRESS
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

WARD/DISTRICT	MUNICIPALITY	NAME	ADDRESS
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WARD/DISTRICT MUNICIPALITY NAME ADDRESS
