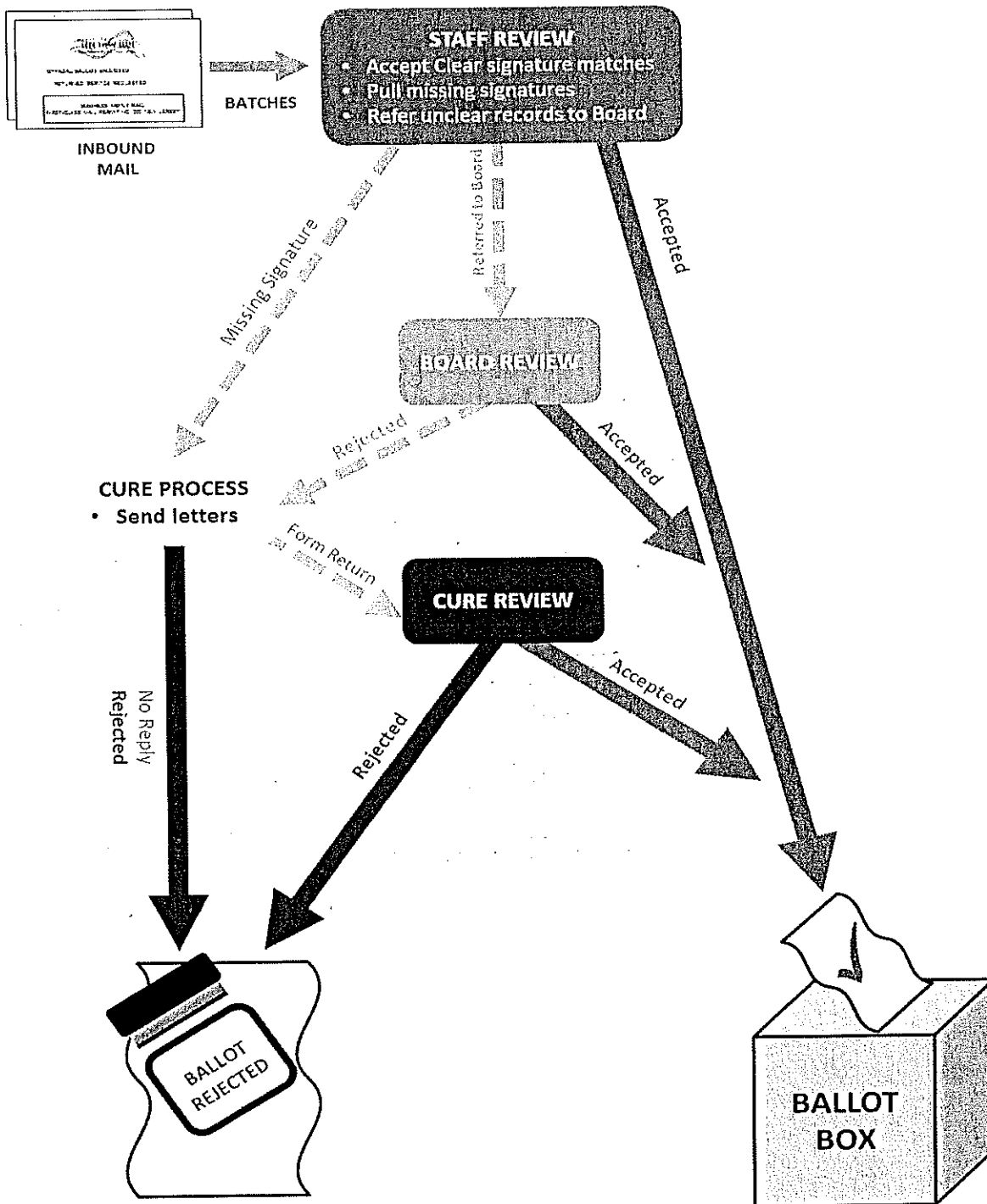


Flow Chart of the Signature Verification Process





SOMERSET COUNTY BOARD OF ELECTIONS

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



Administrator
JERRY L. MIDGETTE, ESQ.
908-231-7084
908-231-9465 Fax
www.co.somerset.nj.us
electionbd@co.somerset.nj.us

CURE FORM

Chairman
ANTHONY J. DE CICCO
Assistant Chairman
RICK FONTANA
Secretary Commissioner
CHRISTIAN R. MASTONDREA, ESQ.
Assistant Secretary
KAREN E. CARROLL

To:

We received your voted ballot for the 2020 Primary Election. Unfortunately, your ballot envelope did not have a signature OR we were unable to verify your signature with those on file. New Jersey Election Law requires us to compare the signature on your ballot envelope with the signatures in your voter registration record to verify your identity. For your ballot to count, you must complete and return the **form below**. This form must be received by the Board of Elections in-person, by fax, or by email at or before 2:00 p.m. on July 23, 2020, or by mail such that it is received by the Board of Elections by close of business on July 23, 2020. If you indicate that you have not voted a ballot, or you fail to return the form, we will not count the ballot.

Please be advised that if you return the signed form, we will update your voter registration record to include this signature. We hope you reply soon so your vote may be counted. If the ballot received in your name was not from you, please contact this office immediately.

Sincerely,

Instructions: Return this form signed, along with a copy of your identification, if applicable, in-person, or by mail, email or fax using the contact information below.

Mail

Somerset County Board of Elections (908) 231-9465
PO Box 3000
Somerville, NJ 08876

Fax

Email

Electionbd@co.somerset.nj.us

I, _____ hereby declare that I submitted my provisional or mail-in ballot.

I am verifying my identity by (choose one):

___ My Driver License Number is _____ or

___ Motor Vehicle Commission Non-driver ID Number is _____; or,

___ I do not have a Driver License Number or Motor Vehicle Commission Non-driver ID Number. The last four digits of my Social Security Number are _____; or,

___ I do not have a Driver License, Motor Vehicle Commission Non-driver Identification, or Social Security Number, and am attaching a legible copy of a sample ballot which lists my name and address; an official federal, State, county or municipal document which lists my name and address; or a utility or telephone bill or tax or rent receipt which lists my name and address;

and, I wish to cure the signature deficiency in the record so my ballot can be cast and counted.

(Signature of voter) _____ (Date) _____