

You may correct a signature deficiency and have your ballot counted, by completing, signing, dating and returning the Cure Form below.

This form must be received by the Board of Elections in-person, by fax, by email, or by mail no later than **November 18 2020**. If you fail to return the form, we will not count your ballot.

Please be advised that if you complete, sign, date, and return the Cure Form below, we will update your voter registration record to include this signature

Sincerely,

Atlantic County Board of Elections

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

Mail

Atlantic County Board of Elections  
5903 Main Street  
Mays Landing, NJ 08330

Fax

(609) 645-5875

Email

atlanticcountyboeballotcure@gmail.com

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

(Print Full Name)

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)