NVRA Voter Registration & Supplies Request Form

To: NJ Division of Elections
PO Box 304
Trenton, NJ 08625-0304

From: ___________________________________________________________
Agency: _________________________________________________________
Address: _________________________________________________________
Contact Number: _________________________________________________
Date: _________________________________________________________

Subject: Request for NJ Voter Registration Forms and NVRA Opportunity Forms:

Please provide the following to me at the above delivery address:

**NJ Voter Registration Form:**

- English - Quantity: ______________
- Spanish - Quantity: ______________

**NVRA Voter Registration Opportunity Forms:**

- Commission for the Blind & Visually Impaired Quantity: ______________
- Developmental Disabilities Quantity: ______________
- Hospitals Quantity: ______________
- Medical Assistance (Medicaid) Quantity: ______________
- Military & Veterans Affairs Quantity: ______________
- PAAD Quantity: ______________
- Welfare Quantity: ______________
- WIC Agencies Quantity: ______________
- Vocational Rehabilitation Quantity: ______________

Fax or Mail to: NJ Division of Elections
PO Box 304
Trenton, NJ 08625-0304
Tel: (609) 292-3760 Fax: (609) 777-1280