



State of New Jersey
 Department of State
 NJ Division of Elections

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:

NVRA 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