

Shona Mack-Pollock

Superintendent of Elections

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Voter Name Removal

, Date of Birth:			, residing at:
First and Last Name (Please Print)			_
(Street)	(City)	(State)	(Zip Code)
quest that the Office of the Passaic Count gistration remove my name as an active v	• •	d Commissioner of	f
ective Date:			
Month / Day / Y	/ear		
Reason (s) for name removal:			
□ I am not a U.S. Citizen	□ I have never voted in		
		(Specific New Jersey County)	
□ Moved out of County	□ I Moved out of State		
(out of county address)	(out of state	(out of state address)	
□ Other Please Explain:			
Print name of Voter	Signature	Da	ate

Return to: Passaic County Superintendent of Elections 501 River Street Paterson, NJ 07524