State of New Jersey
Department of State
**NJ Division of Elections**

# NVRA Voter Registration & Supplies Request Form

**Contact Name:** _____

**Agency:** _____

**Address:** _____

**Contact Number:** _____

**Email, Fax or Mail to:**
Sandra.lewis@sos.nj.gov

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

**NJ Voter Registration Form:**

English - Quantity: _____ Spanish - Quantity: _____ Other: _____ - Quantity: _____

| NVRA Forms: | NJ Voter Opportunity Forms: | Posters: |
|---|---|---|
| Commission for the Blind & Visually Impaired | Quantity: _____ | Quantity: _____ |
| Developmental Disabilities | Quantity: _____ | Quantity: _____ |
| Hospitals | Quantity: _____ | Quantity: _____ |
| Medical Assistance (Medicaid) | Quantity: _____ | Quantity: _____ |
| Military & Veterans Affairs | Quantity: _____ | Quantity: _____ |
| PAAD | Quantity: _____ | Quantity: _____ |
| Welfare | Quantity: _____ | Quantity: _____ |
| WIC Agencies | Quantity: _____ | Quantity: _____ |
| Vocational Rehabilitation | Quantity: _____ | Quantity: _____ |
| Access Link | Quantity: _____ | Quantity: _____ |
| Community Transportation | Quantity: _____ | Quantity: _____ |
| County: _____ | | |