

# CHALLENGERS' BADGES & PERMITS APPLICATION

PLEASE PRINT OR TYPE ONLY

TO: THE MERCER COUNTY BOARD OF ELECTIONS

MCDADE ADMINISTRATION BUILDING  
 640 SOUTH BROAD STREET, P.O. BOX 8068  
 TRENTON, NEW JERSEY 08650-0068  
 609-989-6522 FAX: 609-278-2713

NAME OF MUNICIPALITY \_\_\_\_\_

The appointment of or application for challengers shall be filed with the County Board not later than the second Tuesday preceding any election. NJRS 19:7-3

Pursuant to the New Jersey Revised Statutes, 19:7-1, 2, 3, I hereby request Challenger Badges & Permits for the office of \_\_\_\_\_

\_\_\_\_\_ Office \_\_\_\_\_ Political Party (or Proponent/Opponent of Ballot Question) for the Election Districts in \_\_\_\_\_

\_\_\_\_\_ Municipality/Ward for the \_\_\_\_\_ Election to be held on \_\_\_\_\_ Date \_\_\_\_\_ for the following Candidate:

\_\_\_\_\_ Candidate's Name \_\_\_\_\_ Address \_\_\_\_\_

Attached hereto is a list of names and addresses of said Challengers, including the complete designation of each Election District of the Municipality to which each Challenger is assigned. (Additional sheets may be used if needed)

District	Full Name of Voter (as recorded in Voter Record)	Voter's Home Address (including Municipality)	BOE USE
1			
1			
2			
2			
3			
3			
4			
4			
5			
5			
6			
6			
7			
7			
8			
8			
9			
9			
10			
10			

**BOE OFFICE USE:**

Received By: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Permit Count: \_\_\_\_\_

Badge Count: \_\_\_\_\_

Badges picked up on \_\_\_\_\_

Signature of Applicant who is:

County Chair     Municipal Chair     Candidate

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_