

2024 Psychiatric Voter Registration Opportunity Response

Agency: _____

Mailing Address: _____

Prepared by: _____

Telephone: _____

Email: _____

Fax: _____

3rd quarter	
From:	July 1, 2024
To:	September 27, 2024

Week Ending	Voter Opportunity Form Information					Completed Number of Registration Applications	Number of Voter Registration & Opportunity Forms Mailed to Applicants
	Yes	No	Refused to Sign RTS (Did not Return)	Already Registered	Total of Voter Opportunity Forms		
July 5, 2024							
July 12, 2024							
July 19, 2024							
July 26, 2024							
August 2, 2024							
August 9, 2024							
August 16, 2024							
August 23, 2024							
August 30, 2024							
September 6, 2024							
September 13, 2024							
September 20, 2024							
September 27, 2024							
Total							

Submit 3rd Quarter Report during 1st week of October 2024 to:

Email: Sandra.lewis@sos.nj.gov

Mail: Division of Elections, P.O. Box 304, Trenton, NJ 08625-0304



State of New Jersey
Department of State
Division of Elections

NOTE: Retain copy of this report in your office files with copies of response form.

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