

2026 Psychiatric Voter Registration Opportunity Response

Agency: _____

Mailing Address: _____

Prepared by: _____

Telephone: _____

Email: _____

Fax: _____

| 2nd quarter | |
|-------------|---------------|
| From: | April 1, 2026 |
| To: | June 30, 2026 |

| 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 | | |
| April 3, 2026 | | | | | | | |
| April 10, 2026 | | | | | | | |
| April 17, 2026 | | | | | | | |
| April 24, 2026 | | | | | | | |
| May 1, 2026 | | | | | | | |
| May 8, 2026 | | | | | | | |
| May 15, 2026 | | | | | | | |
| May 22, 2026 | | | | | | | |
| May 29, 2026 | | | | | | | |
| June 5, 2026 | | | | | | | |
| June 12, 2026 | | | | | | | |
| June 19, 2026 | | | | | | | |
| June 26, 2026 | | | | | | | |
| Total | | | | | | | |

Submit 2nd Quarter Report during 1st week of July 2026 to:

Email: NVRA@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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