

2024 Psychiatric Voter Registration Opportunity Response

Agency: _____

Mailing Address: _____

Prepared by: _____

Telephone: _____

Email: _____

Fax: _____

2nd quarter	
From:	April 1, 2024
To:	June 30, 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		
April 5, 2024							
April 12, 2024							
April 19, 2024							
April 26, 2024							
May 3, 2024							
May 10, 2024							
May 17, 2024							
May 24, 2024							
May 31, 2024							
June 7, 2024							
June 14, 2024							
June 21, 2024							
June 28, 2024							
Total							

Submit 2nd Quarter Report during 1st week of July 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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