

Office of Passaic County
Board of Elections
401 Grand Street, Room 123
Paterson, NJ 07505

973-881-4527
973-881-4528
Fax: 973-523-9121

We received your voted ballot for the November 3, 2020 General Election. New Jersey Election Law requires us to compare the signature on your ballot envelope with the signatures in your voter registration record to verify your identity. Unfortunately, your ballot cannot be counted because of (Reason) _____. Thus, your ballot has been rejected. You may correct this signature deficiency and have your ballot counted, by completing, signing, dating and returning the Cure Form below. A postage paid envelope addressed to the Board of Elections is enclosed for you to use to return the form. This form must be received by the Board of Elections in-person, by fax, by email, or by mail no later than 2 pm on 11/18/2020. If you fail to return the form, we will not count the ballot.

Please be advised that if you complete, sign, date, and return the Cure Form below, we will update your voter registration record to include this signature. If the ballot received in your name was not from you, please contact this office immediately.

Sincerely,
Kenneth Hirmann

Instructions: Return this signed and dated form, with the required information or a copy of your identification, if applicable, in-person, or by mail, email or fax using the contact information below.

Mail	Fax	Email
Passaic County Board of Elections 401 Grand St Rm 123 Paterson NJ 07505	(973) 523-9121	kenh@passaiccountynj.org

I, (Name) _____ (Address) _____ (City) _____
hereby declare that I submitted my **MAIL-IN** ballot. I am verifying my identity by (choose one):

____ My Driver License Number is _____ or Motor Vehicle
Commission Non-driver ID Number is _____; or,

____ I do not have a Driver License Number or Motor Vehicle Commission Non-driver ID
Number. The last four digits of my Social Security Number are _____; or,

____ I do not have a Driver License, Motor Vehicle Commission Non-driver Identification, or
Social Security Number, and am attaching a legible copy of a sample ballot which lists my name
and address; an official federal, State, county or municipal document which lists my name and
address; or a utility or telephone bill or tax or rent receipt which lists my name and address;
and, I wish to cure the signature deficiency in the record so my ballot can be cast and counted.

(Signature of voter)

(Date)