

2023 Psychiatric Voter Registration Opportunity Response

Agency: _____

Mailing Address: _____

Prepared by: _____

Telephone: _____

Email: _____

Fax: _____

| | |
|-------------|--------------------|
| 3rd quarter | |
| From: | July 1, 2023 |
| To: | September 30, 2023 |

| 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 7, 2023 | | | | | | | |
| July 14, 2023 | | | | | | | |
| July 21, 2023 | | | | | | | |
| July 28, 2023 | | | | | | | |
| August 4, 2023 | | | | | | | |
| August 11, 2023 | | | | | | | |
| August 18, 2023 | | | | | | | |
| August 25, 2023 | | | | | | | |
| September 1, 2023 | | | | | | | |
| September 8, 2023 | | | | | | | |
| September 15, 2023 | | | | | | | |
| September 22, 2023 | | | | | | | |
| September 29, 2023 | | | | | | | |
| Total | | | | | | | |

Submit 3rd Quarter Report during 1st week of October 2023 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.

For Office Use Only