

2024 DMAHS 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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