



**COUNTY *of* CAPE MAY**  
**RITA M. ROTHBERG, COUNTY CLERK**  
**DIANA L. HEVENER, DEPUTY COUNTY CLERK**

7 North Main Street  
Cape May Court House  
New Jersey 08210

Telephone: (609) 465-1010 ■ Fax: 465-8625  
[coclerk@co.cape-may.nj.us](mailto:coclerk@co.cape-may.nj.us)  
[www.capemaycountyvotes.com](http://www.capemaycountyvotes.com)

P.O. Box 5000  
Cape May Court House  
New Jersey 08210-5000

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Dear Cape May County Clerk,

Please be advised that I **DO NOT** wish to receive a **Vote by Mail Ballot** for all future elections.

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**VOTER NAME**

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**VOTER SIGNATURE**

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**ADDRESS (Please Print)**

**TOWN/ZIP**

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**DATE**

Return this form by mail to PO Box 5000, Cape May Court House, NJ 08210-5000  
or fax it to 609-465-8625.

*If you do not want to receive a Mail-In Ballot please return this Opt-Out Form.*

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City                      State              Zip

PLACE  
POSTAGE  
HERE  
BEFORE  
MAILING

**TO: Rita M. Rothberg, Cape May County Clerk  
PO Box 5000  
Cape May Court House, NJ 08210-5000**

**IMPORTANT OFFICIAL ELECTION DOCUMENT**