

**CHALLENGERS' BADGES & PERMITS APPLICATION**

**PLEASE PRINT OR TYPE ONLY**

TO: THE ATLANTIC COUNTY BOARD OF ELECTIONS  
 HISTORIC COURT HOUSE COMPLEX  
 5903 MAIN STREET  
 MAYS LANDING, NJ 08330-1701  
 609-645-5867 FAX: 609-645-5875

\_\_\_\_\_  
 NAME OF MUNICIPALITY

The appointment of or application for challengers shall be filed with the County Board not later than the second Tuesday preceding any election. NJRS 19:7-3

Pursuant to the New Jersey Revised Statutes, 19:7-1, 2, 3, I hereby request Challenger Badges & Permits for the office of \_\_\_\_\_ for the Election Districts in \_\_\_\_\_

Office

Political Party (if applicable)

\_\_\_\_\_ for the \_\_\_\_\_ Election to be held on \_\_\_\_\_ for the following Candidate:  
 Municipality Primary, General, Municipal, School Date

\_\_\_\_\_  
 Candidate's Name

\_\_\_\_\_  
 Address

Attached hereto is a list of names and addresses of said Challengers, including the complete designation of each Election District of the Municipality to which each Challenger is assigned. (Additional sheets may be used if needed)

	Ward	District	Full Name of Voter (as recorded in Voter Record)	Voter's Home Address (including Municipality)	BOE USE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**BOE OFFICE USE:**

Received By: \_\_\_\_\_  
 Date Entered: \_\_\_\_\_  
 Permit Count: \_\_\_\_\_  
 Badge Count: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant who is:

County Chair     Municipal Chair     Candidate

Duly Authorized Representative \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_