

**CHALLENGER'S AFFIDAVIT**  
**(Name of Voter not on Official Challenge List)**

STATE OF NEW JERSEY }  
 COUNTY OF ATLANTIC } ss.

I, \_\_\_\_\_  
 PRINT Challenger's Name Current Address, Apt. # Municipality

\_\_\_\_\_ Zip Ward District Address of Polling Place

challenge the right to vote of \_\_\_\_\_ of  
 PRINT Challenged Person

\_\_\_\_\_ Registered Address, Apt. # Municipality Zip

for the reason or reasons set forth:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Challenger's Signature

I being duly sworn on oath or affirmation, to the best of my knowledge and belief, state that at the foregoing statements made by me are true and correct.

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

\_\_\_\_\_  
 Signature of Judge

\_\_\_\_\_  
 Signature of Clerk

} District Board

\_\_\_\_\_  
 Signature of Inspector

\_\_\_\_\_  
 Signature of Clerk

White Copy—For District Board to return to Board of Elections  
 Canary Copy—For Challenged Voter  
 Pink Copy—For Challenger  
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