271 North Broad Street * Elizabeth, NJ 07208 908-527-4120 * 908-527-4236 * ucboe@ucnj.org

UNION COUNTY CHALLENGER BADGE REQUEST FORM

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.

Candidate's Name			
Party			
For The Office Of			
Type Of Election			
CALL (Name)			
AT (Daytime Number)			
REQUESTED BY (Signature)			
THERE IS A MAXIMUM OF TWO	CHALLENGERS ALLOWED FOR EACH ELECTION DISTRICT. EACH CHALLENGER MUST BE A REGISTERED VOTER IN UNION COUNTY.		
List the Names of the challengers below with the complete designation of the Election District of the Municipality to which they are assigned.			
List the Names Of the C	ianengers below with the complete designation of the Election District of the Municipality to which they are assigned.		
Total Number of Badges Re	quested		

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Union County Challenger Badge Request Form

WARD	DISTRICT	MUNICIPALITY	Name	Address
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