



**ROBBINSVILLE TOWNSHIP  
PETITION REQUEST FORM**

**November 4, 2025 Election**

Name of Candidate as it is to be printed on a ballot (Name should match your voter record):
Home Address (If candidate has a PO Box, we need the Street Address too):
City, State, Zip:
Candidate's Phone Number:
Candidate's Email address (Required by law):
Which Petition do you want? (check one only)  <input type="checkbox"/> Mayor  <input type="checkbox"/> Regular Council 4-year

Please complete a separate form per person.

Submit this form to: [Council@Robbinsville.net](mailto:Council@Robbinsville.net)

You will be contacted by the Municipal Clerk once you submit this form.