Official Election Materials — Electronic Transmission Sheet

Transmittal (Cover) Sheet from Absentee Voter to Local Election Official

TO:

City/County Board of Elections	State
Telephone Number	
Fax Number	
Street Address	
City	State / Zip Code

From:

Last Name	
First Name	Middle Name
Telephone Number	
Fax Number	
Social Security Number (###-##--	Date of Birth (MM/DD/
Mailing Address	
City	State or Country
Unit/Ship	Postal Code/APO/FPO
Email Address	

Service (Circle One): Army Navy Air Force Marine Corps Coast Guard Other _____

If a VOTED BALLOT is being faxed, sign below:
"I understand that by faxing my voted ballot I am voluntarily waiving my right to a secret ballot."

Signature _____ Date _____

Number of pages being transmitted, including this sheet _____

Fax to one of these numbers:

703-693-5527, 1-800-368-8683, or DSN 223-5527

Federal Voting Assistance Program Use Only — DO NOT Complete this Section

Date Received _____ Time Received _____

Date Sent _____ Time Sent _____

Transaction Number _____ Processed By _____