

**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/YY)	
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 \_\_\_\_\_