

**Official Election Materials — Electronic Transmission Sheet**  
Transmission (Cover) Sheet from Election Official to Absentee Voter

<b>From:</b>	
City/County Board of Elections	
State	
Telephone Number	
Fax Number	
Street Address	
Address 2	
City	
State	
Zip Code	
Please forward attached document by	<input type="checkbox"/> FAX <input type="checkbox"/> EMAIL
<b>To:</b>	
Last Name	
First Name	
Middle Name	
Telephone Number	
Fax Number	
Mailing Address	
Address Line 2	
Address Line 3	
City	
State and/or Country	
Unit/Ship	
Postal Code/APO/FPO	
Email Address	
<b>Number of pages being transmitted, including this sheet:</b>	
Choose one: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard Other: _____	
<b>Contents of Transmission:</b> <input type="checkbox"/> Ballot <input type="checkbox"/> Stored Ballot (Number _____ ) Other Election Materials (specify): _____	
Authorizing Signature (if required): _____ Date: _____	

**Fax to one of these numbers: 703-693-5527 or 1-800-368-8683 or Email to [ets@fvap.ncr.gov](mailto:ets@fvap.ncr.gov)**

**Federal Voting Assistance Program Use Only – DO NOT Complete this Section:**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_  
Date Sent: \_\_\_\_\_ Time Sent: \_\_\_\_\_  
Transaction Number: \_\_\_\_\_ Processed by: \_\_\_\_\_