



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

To:	
City/County Board of Elections	
Fax Number	
City	
State	

From:	
Last Name	
First Name	
Middle Name	
Telephone Number	
Fax Number	
Email Address	

Additional Information:

<p>If a VOTED BALLOT is being faxed or emailed, sign below: “I understand that by faxing or emailing my voted ballot I am voluntarily waiving my right to a secret ballot”</p> <p>Signature: _____ Date: _____</p>
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Number of pages being transmitted, including this sheet: _____

Fax to one of these numbers: 703-693-5527/DSN 223-5527 or 1-800-368-8683 or
 Check www.fvap.gov for international fax numbers
 Email to ets@fvap.ncr.gov