

Official Election Materials - Electronic Transmission Sheet

Transmittal (Cover) Sheet

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 _____

Mail 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 _____

Number of pages being transmitted, including this sheet _____

If a VOTED BALLOT is being faxed, sign below:

"I understand that by faxing my voted ballot I am voluntary waiving my right to a secret ballot."

Signature _____ Date _____

Fax to one of these numbers: 703-693-5527, DSN 223-5527, or 1-800-368-8683

(from U.S., Canada, Guam, Puerto Rico, Virgin Islands only)

For international toll-free fax numbers see inside back cover of the Voting Assistance Guide or
online at www.fvap.gov