



Transmission Cover Sheet

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:

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"

Signature: _____ Date: _____

Number of pages being transmitted, including this sheet: _____

Not all forms can be sent electronically. Please check the [FVAP.gov](https://www.fvap.gov) website or the [Voting Assistance Guide](#) to verify which forms can be sent electronically to your Election Official.

Email: If your forms can be emailed, email them directly to your election official.
Email addresses for your election official can be found at:
<https://www.fvap.gov/search-offices>.

Fax: Send directly to your Election Official.
Fax numbers for your election official can be found at:
<https://www.fvap.gov/search-offices>.