# 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](http://FVAP.gov) website or the Voting Assistance Guide to verify which forms can be sent electronically to your Election Official.

**Fax:** Send directly to your Election Official. If you are unable and need fax assistance send to: 703-693-5527/DSN 223-5527 or 1-800-368-8683 or check [FVAP.gov](http://FVAP.gov) for international fax numbers. If you need to fax and do not have access to a fax machine you can email your forms to fax@fvap.gov.

**Email:** If your forms can be emailed, DO NOT USE FAX@FVAP.GOV. Email them directly to your election official. Email addresses for your election official can be found at [FVAP.gov](http://FVAP.gov).