



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

<b>To:</b>	
City/County Board of Elections	
Telephone Number	
Fax Number	
Street Address	
Address 2	
City	
State	
Zip Code	

<b>From:</b>	
Last Name	
First Name	
Middle Name	
Telephone Number	
Fax Number	
Email Address	

<b>Additional Information:</b>	

<p>If a <b>VOTED BALLOT</b> 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>	
Signature: _____	Date: _____

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](http://www.fvap.gov) for international fax numbers  
 Email to [ets@fvap.ncr.gov](mailto:ets@fvap.ncr.gov)