



### Transmission Cover Sheet

<b>To:</b>	
City/County Board of Elections	
Fax Number	
City	
State	

<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: \_\_\_\_\_

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](mailto: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).