



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 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 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.