

# FVAP Fax 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:

<b>If a <u>VOTED BALLOT</u> is being faxed or emailed, sign below:</b>	
"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: \_\_\_\_\_