

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:

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: _____