



WEST VIRGINIA
Official Election Materials
Electronic Transmission Cover Sheet from Absentee Voter to Election Official

To:	
City/County Elections Division	
Telephone number	
Fax number	
Email address	
From:	
Last Name	
First Name	
Middle Name	
Telephone number	
Fax number	
Email Address	
Additional Information:	

By signing below, you are verifying the following statement:
"I understand that by faxing or emailing my voted ballot I am voluntarily waiving my right to a secret ballot only to the extent that the appropriate election official must receive and process my ballot."

Signature: _____ **Date:** _____

Number of pages being transmitted, including this cover sheet: _____