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:  _____