

AGENCY TRANSMITTAL FORM

Please complete the fields below and enclose this form with the materials to be transmitted to the County Board of Elections.
Retain a copy for your records.



To _____ County Board of Elections

Agency County		Source Type	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03
Agency Type			
Agency Name			
Agency Staff Name			
Transmittal Date			

No. of Voter Registration Applications (ENGLISH)	
No. of Voter Registration Applications (SPANISH)	
Comments:	

For CBE Administrative Purposes	
Date Received	
Method of Delivery	<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Courier <input type="checkbox"/> County Mail