

# 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	<input type="checkbox"/> DSS <input type="checkbox"/> Health & Human Services <input type="checkbox"/> WIC <input type="checkbox"/> Blind Services <input type="checkbox"/> Deaf & Hard of Hearing <input type="checkbox"/> DSOHF <input type="checkbox"/> Mental Health <input type="checkbox"/> Vocational Rehab <input type="checkbox"/> Unemployment Services		
Agency Name			
Agency Staff Name			
Transmittal Date			

No. of Voter Registration Forms	
Comments	

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