

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 checked="" type="checkbox"/> 01
Agency Type	WIC		
Agency Name			
Agency Staff Name			
Transmittal Date			

Number of Voter Registration Applications	
Count of Preference forms	

Comments

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

*Local Agency staff must contact the local Board of Election for email approval prior to the email delivery method