

## VOTER REGISTRATION APPLICATION TRANSMITTAL

**To:** \_\_\_\_\_  
Election Office \_\_\_\_\_ Date

**From:** \_\_\_\_\_  
Agency Office Number or Designation

**Number of Voter Registration Applications Enclosed:** \_\_\_\_\_

**Comments:**

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**(To be completed by Election Authority)**

**Date Received:** \_\_\_\_\_

**Number of Applications Received:** \_\_\_\_\_

**Number of Duplicate Registrations in Group:** \_\_\_\_\_

**Number of Incomplete Applications:** \_\_\_\_\_

**Problems or Other Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

White Copy - Election Authority

Yellow Copy - Agency