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 E	Board of Elect	ions	
Agency County			Source Type		⊠01
Agency Type	WIC				
Agency Name					
Agency Staff Name					
Transmittal Date					
No. of Voter Registra (ENGLISH) No. of Voter Registra (SPANISH) Count of Voter Prefer NOTE: DO NOT SEN Board of Elections. R Agency records. Comments:	tion Applications rence Forms ID to the County			Indicate of the Control of the Contr	
				Iministrative Purp	poses
			Date Received		
			Method of Delivery	☐ In Person ☐ Mail ☐ Courier ☐ County Mail	

NSB #0010 Revision: November 2020