



Transmittal Form

General Instructions:
Please Review Fully

Please use uppercase (**CAPITAL**) letters only. Fill in circles as appropriate.

This form is used to document the transmission of information between Reliers and Providers. This form serves as a control document and coversheet for voter or election transaction forms sent from a Relier to a Provider. After entering information into SVRS, Providers should file this form for reference. A copy of this document, any original forms, and any related SVRS reports should be returned to the Relier.

Contact/Jurisdiction Information

Relier Information			
1	Clerk Name		
	Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City	
	County		HINDI #
	Telephone Number	Fax Number	
Provider Information			
2	Clerk Name		
	County		HINDI #
	Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City	

Transmission Information

Date of Transmission (MM/DD/YYYY)			
Form Processing Details			
Type of Form	Number of Forms Submitted	Relier Comments	Provider: Name of Data Enterer, and Date Entered/Completed
Voter Registration			
Absentee Ballot Requests			
Election Worker Set-up			
Polling Place Set-up			
Election Set-up			
Candidate Set-up			
Other			
Additional Relier Comments			
Provider Processing Notes			

Signature

Relier Signature	X	Date (MM/DD/YYYY)	
Provider Signature	X	Date (MM/DD/YYYY)	