

# 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	NC WIC Program		
Agency Name			
Agency Staff Name			
Transmittal Date			

Number of Voter Registration Applications	
Preference Form Count	

Comments
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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