

# TRANSMITTAL SUMMARY

Individual

Organization

## INDIVIDUAL/ ORGANIZATION

FROM: NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zip

\_\_\_\_\_  
DAYTIME TELEPHONE NUMBER EVENING TELEPHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

DATE OF VOTER REGISTRATION	START AND END TIME OF VOTER REGISTRATION		NUMBER OF COMPLETED VOTER REGISTRATION APPLICATIONS
	START	END	

V.1 2009

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