# North Carolina State Board of Elections

NVRA AGENCY VOTER REGISTRATION PROGRAM — AGENCY TRANSMITTAL FORM

**TO:** _____County Board of Elections

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.

| | |
|---|---|
| Agency Transmittal Date: | |
| Agency Name: | |
| Agency Contact Person: | |
| Agency County: | |
| Agency Type: | ☐DSS ☐Div. of Medical Assistance<br>☐Div. Public Health ☐Services for Blind<br>☐Deaf & Hard of Hearing ☐Vocational Rehab<br>☐WIC ☐ESC<br>☐DMH ☐DSOHF |
| Agency Source Code: | ☐ 01 ☐ 02 ☐ 03 |
| Number of Preference Forms | |
| Number of Voter Registration Applications | |
| Comments | |

| For CBE Administrative Purposes | |
|---|---|
| Date Received | |
| Method of Delivery | ☐ In Person<br>☐ By Mail<br>☐ Courier<br>☐ County Mail |

**SUBMIT BY EMAIL**