Facsimile or Electronic Mail Vote Secret Ballot Waiver Form   **SEL 531**

rev 08/13: ORS 246.021

County Information to be completed by County Elections Official

County	for returning completed ballot:
	Fax Number
	County Email Address

Instructions for Elector: This form must be completed by the military and overseas elector and returned by fax or electronic mail along with the voted ballot and return envelope. All materials must be received in the office of the county clerk **no later than 8pm** on the day of the election.

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Please type or print legibly in black or blue ink

Voter Information please print

Last Name	First Name	Middle Name

Oregon Residence Address, Street/Route

City	State	Zip Code

Home Phone	Work Phone optional	Cellular Phone optional

Fax	Email Address optional **Mailing**

Address required if different than residence address, **Street/Route**

City	State	Zip Code

Country and/or APO/FPO/DPO

I, _____ *(print name)* **acknowledge that by casting my voted ballot using a facsimile machine or electronic mail, I have waived my right to a secret ballot. All information provided by me on this form is true to the best of my knowledge.**

Elector's Signature	Date Signed

! The elector's ballot **will not be counted** unless the elector has complied with the following:

→ The residence address provided is the same as the current Registration and Absentee Ballot Request - FPCA

→ The ballot facsimile or an electronic mail is received in the office of the county clerk not later than 8pm on the day of the election:

  → is accompanied by a facsimile or an electronic mail scan of the return identification envelope containing the signature of the elector *and*

  → the signature of the elector is verified by the county elections office using the elector's current registration record

! *Warning*
Any person who supplies information contained on this form knowing it to be false, may be subject to penalties.

For Office Use Only