

**VOTER REGISTRATION TRANSMISSION FORM  
NON-NVRA ORGANIZATIONS**

***WITHIN TEN (10) WORKING DAYS OF SIGNING THE  
REGISTRATION FORM(S), THE FORMS MUST BE  
SUBMITTED IN PERSON, OR BY MAIL, TO THE BOARD OF  
ELECTIONS, AT THE ADDRESS PROVIDED ON THIS FORM.***

**Organization Name:** \_\_\_\_\_

**New**     **Existing**

**Organization Address:** \_\_\_\_\_

\_\_\_\_\_

**Number of Registrations:** \_\_\_\_\_

**ORGANIZATION SOURCE (Office Use Only):**

**Delivery Method (Circle One) = Counter / Mail**

**Transmission Date:** \_\_\_\_\_

**Organization Designee:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**COMMENTS:**  
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