



INDIANA VOTER REGISTRATION MATERIAL TRANSMITTAL

State Form 46928 (R7 / 7-14)
Indiana Election Commission

(VRG-9)

TRANSMITTAL OF VOTER REGISTRATION MATERIALS

INSTRUCTIONS:

This form must be used by an individual transmitting voter registration applications or declinations from a license branch, a public assistance agency, an agency serving disabled persons, a county registration substation, or other "full service" voter registration agency to a county voter registration office.

An individual sending voter registration applications from a Bureau of Motor Vehicles license branch, a Family and Social Services Administration (FSSA) office providing Temporary Assistance to Needy Families (TANF) or Medicaid program services; an agency providing state funded programs primarily engaged in serving persons with disabilities; an agency designated as an additional "full service voter registration" agency under IC 3-7-18; or an Indiana State Department of Health (ISDH) office providing Women, Infants, and Children (WIC) program services must send these documents BY FIRST CLASS MAIL DELIVERY using the United States Postal Service OR BY HAND DELIVERY and must include this transmittal with the paper copy of the registration documents.

The individual (from an agency or office providing Food Stamp services) must send these documents **BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED OR BY HAND DELIVERY** and must include this transmittal with the registration documents. **The agency or office may wish to retain a photocopy of this form when transmitting by certified mail since the return receipt (and not this form) will be transmitted back to the agency or office.**

TO: The Voter Registration Officer of _____ County, Indiana

FROM: _____

DATE: _____, 20____

In accordance with state law, **this agency or office transmits to you by (circle one):**

- (1) first class U.S. mail; OR**
- (2) by certified mail, return receipt requested**

the following voter registration material:

_____ Number of Registration Applications

_____ Number of Registration Declinations

If applicable, please arrange for the prompt return of our certified mail receipt. Thank you for your assistance and cooperation.

Agency Employee or Representative: _____

Agency Name and/or Identification Number: _____