

Facsimile Vote Secret Ballot Waiver Form**SEL 531**

rev 12/09: ORS 246.021

County Information to be completed by County Elections Official**County****Fax Number** for returning completed ballot

Instructions for Elector: This form must be completed by the long-term absent elector and returned by fax 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.

→ *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 AFO/FPO/DPO**

I, _____ (print name) **acknowledge that by casting my voted ballot using a facsimile machine 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 is received in the office of the county clerk not later than 8pm on the day of the election:
 - is accompanied by a facsimile 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 card

**Warning**

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

For Office Use Only