

# Fax or Email Vote Secret Ballot Waiver Form

## For Military and Overseas Voters

**SEL 531**rev 11/21  
ORS 246.021, 253.690

**!** **Warning** Supplying false information on this form may result in penalties.

### County Information completed by County Elections Official

**County**

Marion County

**Fax Number/Email** use to return completed ballot**Fax:** 503-576-7181**Email:** elections@co.marion.or.us

### Voter Instructions

**i** Your ballot will only be counted if the County Elections Official accepts your signature after comparing it to signatures in your voter registration record and you follow the steps below.

To return your ballot by fax or email you must:

- 1 Complete and sign this form, SEL 531 Fax or Email Vote Secret Ballot Waiver Form; and
- 2 Sign the Voter's Statement on the ballot return envelope; and
- 3 Fax or email this form, the ballot return envelope and your voted ballot using the county information above.

**!** All materials must be received in the office of the county clerk **no later than 8pm** on the day of the election.

### Voter Information

**Last Name****First Name****Middle Name****Oregon Residence Address** Street/Route**City****State****Zip Code****Home Phone****Work Phone** optional**Cell 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**

### Voter Acknowledgement and Attestation

I, \_\_\_\_\_ (print name) acknowledge that by casting my voted ballot using fax or email, I have waived my right to a secret ballot. And by signing this document, I attest that all information on this form is true and correct.

**Signature****Date Signed**