

**VOTER REGISTRATION TRANSMISSION FORM  
FOR REGISTRATIONS SUBMITTED WITH PETITIONS**

**NOTICE TO CIRCULATOR**

**If you are submitting completed registration cards from signers on your petition, complete this form, and hand it to the registration cards, and hand them to the technician taking in your petitions.**

**PLEASE COMPLETE NUMBERS 1-5 BELOW.**

**1. Name of Candidate / Issue:** \_\_\_\_\_

**2. Number of Registrations:** \_\_\_\_\_

**3. Transmission Date:** \_\_\_\_\_

**4. Signature:** \_\_\_\_\_

**5. Phone number:** \_\_\_\_\_

**Agency Name:**           **Petitions**

**Agency Address:**    **2925 Euclid Avenue  
Cleveland, Ohio 44115**

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

**AGENCY SOURCE = 7 - Petitions - Reg Cards**

**Delivery method = Counter**

**COMMENTS:**

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