

# Ohio Secretary of State Verification of UOCAVA Compliance

R.C. 3511.04

---

**This form must be completed and submitted on the 45th day prior to each election.**

County Name

This verification is for the Election to be held on:

We the undersigned verify that Federal and State provisions requiring the transmission of UOCAVA ballots on the 45th day prior to an election have been satisfied on:

Number of **valid** ballot requests received:

Number of ballots transmitted:

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Deputy Director's Signature

\* For those counties that do not have a Deputy Director the Board Chairman must sign this form. After clicking the submit button, **print this form, obtain the proper signatures and then transmit the signed form via email To: [Mtlachac@ohiosecretaryofstate.gov](mailto:Mtlachac@ohiosecretaryofstate.gov); [Lpietenp@ohiosecretaryofstate.gov](mailto:Lpietenp@ohiosecretaryofstate.gov) and Cc: your assigned Elections Attorney on the 45th day prior to each election.**

Be certain to save a copy as a reference.

---

Name

Phone Number

*Enter (111) 222-3333 as 1112223333*

Email

*Enter a valid email address  
e.g. name@somewhere.com*