

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; 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*