



Voter Data Request Form

Please select one of the following:
 Electronic File Printed List Mailing Labels

VOTER INFORMATION AUTHORIZATION

NOTE: Minimum charge for any request is \$15.00

Please indicate the purpose of this request
 Please provide a description of your intended use of voter data:

Please select the jurisdiction that you are requesting:

Statewide District _____
 County(s) _____
 Other: _____

Please indicate all information that you are requesting:

NOTE: All files come with registrant name, address (both physical and mailing), year of birth, party affiliation, precinct assignment jurisdiction and registrant ID number. Any additional fields must be indicated below.

Districts (all districts associated with a voter)
 Voting History (elections a voter has participated in)
 Method Voted (i.e. absentee, early or Election Day)

Information of Requestor

Name: _____ Organization: _____
 Address: _____ Phone: (____) _____ - _____
 Email Address: _____ Date: ____ / ____ / ____

Signature of Requestor

For Office Use Only

Total Cost: \$ _____ **Date Received:** ____ / ____ / ____ **Date Completed:** ____ / ____ / ____
Comments: _____ **Receipt Number:** _____