

Request for Voter Record Information-- Individual

Material Selection:

- Alphabetical Index Voter File Vote by Mail Voters (VBM) Labels
 Street Address Index Voter File w/ History Statement of the Vote Precinct/District File

Format Selection:

- Hard Copy Print Out CD Labels One per Household
 One per Voter

Data Selection:

- County wide Election _____ Date Range From: _____ To: _____
 By District _____ By Precinct (list below) Party Specific _____

Precincts Requested: _____

Fee Schedule:

| | | | |
|-------------------------------------|---|--------------------------------------|--|
| Hard Copy - Index Format | \$0.50 per page (addl fee for party)(EC2184) | Vote-by-Mail Voter List - CD | \$10.00 flat rate |
| Hard Copy - Archive Materials | \$5.00 set up fee + \$0.50 per page | Vote-by-Mail Voter List- Hard Copy | \$10.00 + \$0.10 per page |
| Statement of the Vote - CD or Disc | \$15.00 flat rate | Precinct/District File (PDF) | \$10.00 flat rate |
| Statement of the Vote - Hard Copy | \$20.00 flat rate | Labels | \$40.00 set up fee + \$10 per 1,000 labels |
| Voter File w/ History Included - CD | \$40.00 set up fee + \$1.00 per 1,000 records | Maps - Individual Precincts | \$0.50 each precinct |
| Voter File w/o History - CD | \$40.00 set up fee + \$0.30 per 1,000 records | Maps- County-wide/City/Supervisorial | \$5.00 flat rate |

Declaration of Applicant

I, the undersigned, agree that within five (5) calendar days of notification of completion of my request, payment will be made, in full, to the County Clerk- Elections Division.

Date _____ Applicant's Signature _____ Telephone Number _____

APPLICATION FOR VOTER INFORMATION

Pursuant to Elections Code Sections 2187, 2188, and 2194, Voter Registration Information is available to persons or groups for Election, Scholarly, Journalistic, Political, or Governmental purposes as determined by the Secretary of State. All requests to view, purchase, or use the voter registration information must be accompanied by a written application.

Name of Applicant _____ Representing Candidate/Committee: _____

Driver's License #: _____ Expiration Date: _____ Telephone #: _____ FAX #: _____

Residence Address _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address (if different from above) _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Business Address _____

Street Address: _____ City: _____ State: _____ ZIP: _____

I hereby authorize the applicant shown above to order, purchase, and pick up voter registration information on behalf of my candidacy/campaign. I understand that I am responsible for the payment and preservation of the confidentiality of the records.

Date _____ Candidate's Signature _____ Telephone Number _____

THIS SECTION MUST BE COMPLETED

Specific Information Requested: _____

Intended Use: _____

The aforementioned voter registration information set forth in affidavits of registration or derived from computer terminals, electronic data processing tapes or disks, printed labels and/or computer printed listings will be used only for Election, Scholarly, Journalistic, Political, or Governmental purposes as determined by the Secretary of State. The information (or a portion or copy thereof) will not be sold, leased, loaned, or given to any person, organization, or agency without first receiving written authorization to do so from the Secretary of State or the Madera County Elections Official.

I certify, under penalty of Perjury, that all information on this application is true and correct under the laws of the State of California.

Date: _____ Applicant's Signature: _____

Fee Itemization (for Elections office use only)

Total Number of Records _____ Total Number of Pages _____ Rate per Record/Page _____ Total Fee Due _____ Order Approved _____