

# Request for Voter Record Information-- Candidate or Committee

## 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 1,000 names (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 \_\_\_\_\_