



Voter Information Request

PLEASE **PRINT** INFORMATION BELOW.

Date _____

Name _____

Address _____

City/State/Zip _____

Phone Number (HOME) _____ (WORK) _____ (OTHER) _____

Organization _____

Email Address _____

Current Election (Daily AV)

Dates: _____ to _____ Precincts: _____

District(s): School

School Dist Name: _____

County Commissioner State House State Senate

Dist. Number: _____

Custom Voter Information (Past Elections)

List Election Date(s)

1. _____

2. _____

3. _____

4. _____

District(s):

School: _____

County Commissioner 1 2 3

State House 56 57

State Senate 3 9

Precinct(s): _____

Age(s): _____ Other: _____

Output Format

ELECTRONIC

LABELS

Fees (\$20 deposit recommended for daily requests)

\$5.00 first electronic request (e-mail required)

Daily requests: \$.50 daily

\$0.02 per label

Daily labels

Notes:	Clerk's Office Use Only
	Fee Charged \$
	Amount Paid \$
	Balance \$